# THE LAW AND MANAGEMENT OF WORKER INVOLVEMENT IN SAFETY AND HEALTH

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# THE LAW AND MANAGEMENT OF WORKER INVOLVEMENT IN SAFETY AND HEALTH

Thesis presented for the Degree of Doctor of Philosophy

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**ABSTRACT**

The research aims to demonstrate the benefits of worker involvement in safety and health. It establishes the need for a structured and coherent approach to managing worker involvement and suggests how this can be achieved in practice through the development, implementation and maintenance of a procedural model. An hypothesis is presented that worker involvement in safety and health can lead to improved health and safety performance. Further, to optimize these benefits and gain significant improvements in performance, changes are necessary in both law and policy to promote a systematic approach to the management of worker involvement in safety and health.

The central research questions addressed are;

- Does worker involvement lead to improvements in health and safety performance?
- Is the level of worker involvement a critical factor?
- Can a procedural model help to promote further improvements in performance?

In order to address these questions, the research identifies different levels of worker involvement in safety and health and places worker involvement in a contextual background. Published literature and data indicating the benefits of worker involvement is evaluated and a procedural model is advanced.

Following an introduction to the thesis, a spectrum of worker involvement in safety and health is presented in Chapter 2, followed by a literature review of associated benefits and limitations, in Chapter 3. The context of worker involvement in safety and health is established in Chapters 4, 5 and 6. This includes a review of existing legislation and guidance, consideration of the influence of changing patterns at work and lessons from other jurisdictions. Chapter 7 addresses the importance of organisational culture in developing worker involvement in safety and health and Chapter 8 considers practical implementation issues. A procedural model for managing worker involvement in safety

and health is presented in Chapter 9. Chapter 10 details recommendations for developing legislation and guidance, with conclusions presented in the final Chapter.

# 1 INTRODUCTION

The first Chapter establishes the purpose and scope of the research on legislation and guidance in the UK, relating to worker involvement in safety and health. It includes aims and objectives and defines a number of parameters, to clarify the analytical boundaries of the research. A primary research question and hypothesis are presented, supported by a number of secondary research questions, addressed in the thesis, in order to test the validity of the proposed hypothesis. An overview of subsequent Chapters is provided to illustrate the structure of the research and show a route map for forthcoming critical analysis, intended to prove or disprove the hypothesis. The introduction also includes a section on the methods used in undertaking the research. Finally, to help set the scene, background information is provided on the existing positions in legislation and guidance in the UK, relating to worker involvement in safety and health.

## 1.1 Purpose

The research aims to demonstrate the benefits of worker involvement in safety and health. It establishes the need for a structured and coherent approach to managing worker involvement and suggests how this can be achieved in practice through the development, implementation and maintenance of a procedural model. As a consequence of the review, recommendations are made for changes to legislation and guidance, in order to maximise the positive impact of worker involvement upon organisational health and safety performance. To satisfy this aim a number of specific objectives are addressed:

- Identify what is meant by the term worker involvement in safety and health and discuss the various forms of worker involvement in safety and health;
- Discuss the benefits and limitations associated with the different forms of worker involvement in safety and health;
- Analyse existing legislation and guidance in the UK, relating to worker involvement in safety and health;

- Determine whether existing legislation and guidance in the UK, relating to worker involvement in safety and health, is relevant to the modern world of work;
- Review a number of successful worker involvement in safety and health practices from other countries, to identify where lessons for the UK can be learnt;
- Discuss how an organisational culture can be developed to support worker involvement in safety and health;
- Analyse how worker involvement in safety and health can be implemented in practice;
- Determine how a systematic approach to the management of worker involvement in safety and health can be developed; and
- Propose developments in legislation and guidance in the UK, relating to worker involvement in safety and health.

## 1.2 Scope

In order to set the context of the research, a number of specific parameters are defined. The purpose of these parameters is to guide the reader in terms of the boundaries of analysis. The research is primarily applicable to the discipline of occupational health and safety. However, due to the synergies that exist between the management of occupational health and safety and environmental management and quality management, inference is drawn throughout the research from these related disciplines, where applicable. Similarly, although the review of legislation and guidance in the thesis focuses upon occupational health and safety legislation and guidance, references are made to applicable legislation and guidance in the fields of environmental management and quality management. Despite these references, the recommendations made in the thesis relate solely to worker involvement in safety and health and are not to be seen as transferable to developments in legislation and guidance relating to worker involvement in environmental management or quality management.

The analysis of worker involvement in safety and health in the research is primarily applicable to work activities in the UK. Notwithstanding, in order to provide an

international perspective, one Chapter in the thesis explores a number of worker involvement in safety and health practices that have been successful in other countries. This determines whether there are any lessons that can be utilised by the UK and identify effective initiatives and practices which could be adopted. Despite references to international approaches to worker involvement in safety and health, the recommendations made in the thesis are focused upon worker involvement in safety and health in the UK. Due to cultural factors and other variations, the recommendations are not necessarily to be regarded as ways of helping worker involvement in safety and health having a more positive impact on health and safety performance in organisations operating outside of the UK.

A similar boundary of analysis for the review of international worker involvement practices is applied to the legislation and guidance reviewed in the research. The focus is primarily on legislation and guidance in the UK, relating to worker involvement in safety and health. However, in order to identify areas where legislation and guidance can be developed in the UK, inference is drawn from the legal position in other jurisdictions. Although recommendations are made in consideration of legal frameworks outside of the UK, relating to worker involvement in safety and health, this does not infer that these recommendations are suitable as proposed developments in legislation and guidance in other countries. The insights gathered from legal approaches in other countries are used to identify potential learning points and initiatives that have worked well in other countries, which may be suitable for transplantation into the UK.

The systematic approach proposed for managing worker involvement in safety and health presented in Chapter 9 is particularly aimed at those organisations operating in the *major hazard industries*.[1] These industries include the chemical and oil and gas sectors. The major hazard industries are selected as a focal point for proposed developments in legislation and guidance relating to worker involvement in safety and health, as research conducted by the Health and Safety Executive (HSE) suggests these are the industries

[1] This term is expanded on in Chapter 2, with further examples provided of relevant industries

that tend to have more developed health and safety management systems in place.[2] The wider developments in legislation and guidance in the UK, relating to worker involvement in safety and health, are more suitable for those organisations that have already implemented a recognised health and safety management system. The assumption therefore, is that these organisations understand the need for a structured approach for the management of occupational health and safety and have in place a framework to enable a systematic model for the management of worker involvement in safety and health to be integrated effectively.

Furthermore, the model for managing worker involvement in safety and health in Chapter 9 is aimed at those organisations exhibiting a relatively *mature organisational culture*, relating to occupational health and safety. The concept of organisational culture is discussed in Chapter 7, with the realisation that the model for managing worker involvement in safety and health requires an organisation to have existing levels of management commitment and control, communication and competency, in relation to the management of occupational health and safety. Without the prerequisites of an existing health and safety management system, supported by a mature organisational culture, it is shown that any attempts to involve workers in health and safety decision making may encounter significant obstacles.

## 1.3 Primary Research Question

The research undertakes a critical review of legislation and guidance in the UK, relating to worker involvement in safety and health. Throughout the analysis one fundamental *research question* is addressed, namely:

> How can legislation and guidance in the UK, relating to worker involvement in safety and health, be developed to ensure that worker involvement in safety and

[2] Health and Safety Executive, 'Major Hazards Industry Performance Indicators Scoping Study' (2006) <http://www.hse.gov.uk/research/hsl_pdf/2007/hsl0731.pdf> accessed 15 August 2010

health practices generate a more positive impact upon organisational health and safety performance?

The thesis presents the argument that worker involvement in safety and health is an essential feature of health and safety management, but questions whether current legislation and guidance in the UK, relating to worker involvement in safety and health, is doing enough to promote a positive impact upon organisational health and safety performance.

### *1.3.1 Hypothesis*

The primary research question leads to the following *hypothesis*:

> For worker involvement in safety and health to generate a positive impact on organisational health and safety performance, legislation and guidance in the UK, relating to worker involvement in safety and health, must be developed that encourages *stronger forms* of worker involvement in safety and health, relevant to the *modern world of work*, and a *systematic approach* to the management of worker involvement in safety and health.

The hypothesis assumes that worker involvement in safety and health has the potential to generate a positive impact on organisational health and safety performance. A specific Chapter in the thesis explores this assumption. Furthermore, the hypothesis suggests that presently legislation and guidance in the UK, relating to worker involvement in safety and health, is not supporting strong forms of worker involvement. It also indicates that current legislation and guidance in the UK, is not relevant to the modern world of work and does not promote a systematic approach to the management of worker involvement in safety and health. Fundamentally, these deficiencies in legislation and guidance are presented in the thesis as being the main obstacles preventing worker involvement in safety and health from having a profound influence upon organisational health and safety performance.

### *1.3.2 Secondary Research Questions*

The hypothesis raises a number of secondary research questions, which are addressed to test the validity of the hypothesis. The term worker involvement in safety and health is considered, along with an analysis of the different forms of worker involvement in safety and health. The benefits associated with worker involvement in safety and health are explored, with a decision taken as to whether stronger forms of worker involvement in safety and health result in a greater impact upon organisational health and safety performance, than weaker forms of worker involvement. The thesis also evaluates whether there are limitations or obstacles associated with worker involvement in safety and health.

It is determined whether existing legislation and guidance in the UK, relating to the worker involvement in safety and health, is failing to promote stronger forms of worker involvement and if existing requirements are relevant to the modern world of work. The research project also considers the lessons that can be learned from other countries, in terms of how to manage worker involvement in safety and health, how an organisational culture can be developed to foster worker involvement in safety and health and the ways in which worker involvement in safety and health can be implemented in practice.

As the critique progresses, it is examined whether a systematic approach to the management of worker involvement in safety and health is likely to yield a positive impact upon organisational health and safety performance and if existing legislation and guidance in the UK is failing to promote a systematic approach. The creation of a system for managing worker involvement in safety and health is explored, including consideration of the policies and procedures needed to establish a framework for controlling worker involvement practices.

## 1.4 Overview of Chapters

The primary and secondary research questions identified above are addressed in subsequent Chapters. These Chapters establish an argument as to whether developments are required in legislation and guidance in the UK, relating to worker involvement in safety and health. They also help determine the suitable nature of developments; whether changes in statutory requirements are necessary, or a softer approach characterised by codes of practice and guidance. By the conclusion of the thesis, the validity of the proposed hypothesis is determined with closing comments for moving forward. The overview of individual Chapters below demonstrates how the objectives are addressed in the course of the thesis.

Following this introductory Chapter, the second Chapter provides clarification on the key terminology used throughout the thesis. Importantly, it explains what is meant by the term worker involvement in safety and health and identifies the different forms of worker involvement in safety and health. A review of literature in this area focuses on some of the differing interpretations of worker involvement, particularly in research relating to organisational management. A typology to illustrate the links between the different forms of worker involvement in safety and health is presented, showing a logical progression from weaker to stronger forms of worker involvement. The typology begins with the provision of information, followed by consultation, participation, co-determination and finally self management. Each of these forms of worker involvement is explained, including other important concepts in the thesis, such as empowerment. The analysis of relevant terminology shows how approaches to worker involvement in safety and health have evolved over time, both in the UK, and from an international perspective. This Chapter establishes a theoretical base for subsequent Chapters, as the different forms of worker involvement in safety and health are referred to continually throughout the thesis.

In Chapter 3, the benefits and limitations associated with worker involvement in safety and health are identified. There are clear ethical and legal bases for worker involvement

in safety and health and these are supported by a sound business case for involving workers. References are made in this Chapter to existing research that identifies the improvements in health and safety performance, which are achievable through worker involvement in its various forms. A review of secondary data evaluates the success of worker involvement in safety and health in organisations both with and without trade union recognition. Importantly, the Chapter not only identifies the general benefits associated with worker involvement in safety and health, but also considers whether stronger forms of involvement, as identified in Chapter 2, have a more positive influence upon health and safety performance. If this is proven to be the case, then an argument exists for promoting the implementation of stronger forms of worker involvement in safety and health. In order to provide a balanced perspective, the Chapter also discusses some of the barriers associated with worker involvement in safety and health and assesses their significance in influencing the effectiveness of worker involvement practices. As with the previous Chapter, this discussion provides a strong theoretical foundation upon which further analysis is based.

Chapter 4 of the thesis determines whether existing legislation and guidance in the UK is supporting the stronger forms of worker involvement in safety and health. The legislation relating to worker involvement stems from the Health and Safety at Work etc. Act 1974 and associated regulations. These legislative instruments are assessed, in relation to their impact in promoting stronger forms of worker involvement in safety and health, along with other supporting codes of practice and guidance. The influence of the European Union is considered in this Chapter, to determine the extent to which our membership of the European Union has influenced the development of UK legislation relating to worker involvement in safety and health. Recommendations are made for developments in legislation and guidance relating to stronger forms of worker involvement in safety and health.

A discussion on the changing world of work and whether existing legislation and guidance in the UK, relating to worker involvement in safety and health, is still relevant in consideration of these changes, is presented in Chapter 5. Since the introduction of the

Health and Safety at Work etc. Act 1974, there have been some considerable economic changes, including the decline of heavy manufacturing and growth of the service sector, accompanied by an increase in the number of small businesses. Non standard patterns of employment have become more prevalent, including an increased reliance on contract labour, greater levels of self-employment and an increase in temporary, flexible and shift working arrangements. The UK has also witnessed a significant introduction of migrant labour in recent years. The impact of these changes on the management of worker involvement in safety and health is assessed in this Chapter and the appropriateness of existing legislation and guidance in the UK is considered in light of the changes over recent years to working patterns. Where deficiencies in legislation and guidance are identified, developments to the present legal framework in the UK are suggested to support worker involvement in safety and health practices that are relevant to the modern world of work.

Chapter 6 provides an analysis of worker involvement in safety and health from an international perspective. The intention of the Chapter is to focus on worker involvement in safety and health practices and initiatives which have been successful outside of the UK, in order to identify learning points for improving legislation and guidance in the UK. A comprehensive review of international approaches to worker involvement in safety and health is beyond the confines of a single Chapter, therefore only a sample of successful initiatives are reviewed. An international viewpoint is established by analysing relevant international labour standards applicable to worker involvement in safety and health, published by the International Labour Organization (ILO). Following this contextual background, inference is drawn from worker involvement practices adopted by other countries both within and outside the European Union. Consideration is also given to the practical and cultural issues surrounding the transplantation of successful initiatives from other countries into the UK. Despite the focus of the research being on legislation and guidance in the UK, the consideration of successful practices and initiatives in other countries helps to provide the thesis with a broader perspective.

An analysis on how an organisational culture can be developed to foster worker involvement in safety and health is presented in Chapter 7. One of the parameters established in the introduction is that the developments in legislation and guidance in the UK, relating to worker involvement in safety and health, proposed in the research, are primarily aimed at those organisations exhibiting a relatively mature safety culture. The concept of safety culture maturity is explored, with an emphasis upon the factors which promote a positive organisational culture. Modern approaches to improving health and safety performance address the development of behaviours and shaping attitudes, with worker involvement in safety and health an integral component of Behaviour Based Safety (BBS) programmes. Furthermore, it is argued that a correlation exists between the factors required to promote safe behaviours in the workplace and the factors that determine the success of worker involvement in safety and health.

In Chapter 8 of the thesis, the focus is upon the implementation of worker involvement in safety and health practices. The discussion presented in this Chapter is linked to the spectrum of worker involvement in safety and health, established in Chapter 2. Different mechanisms for implementing worker involvement in safety and health are established in line with the different levels of worker involvement. The primary mechanisms include information management systems, health and safety representatives and committees, worker participation in health and safety management systems, works councils and self managed teams. In this Chapter, consideration is given to the practical aspects of introducing these involvement mechanisms. The Chapter also includes an evaluation of success factors, in order to facilitate the effective implementation of worker involvement in safety and health.

Chapter 9 introduces a new systematic approach for the management of worker involvement in safety and health. Guidance for managing worker involvement in safety and health is presented in the form of a management model designed to be integrated within an organisations existing health and safety management system. The model for managing worker involvement in safety and health has been developed in consideration of the elements of BS OHSAS 18001:2007. This is an internationally recognised health

and safety management system specification, promoting a structured and coherent strategy for the management of health and safety requirements. It therefore represents an ideal template for the management of worker involvement in safety and health. A systematic approach to the management of worker involvement in safety and health has not been presented in existing published literature. This model therefore provides a fundamental contribution to knowledge in the field of occupational health and safety law and management.

The model for managing worker involvement in safety and health proposed in Chapter 9 begins with a requirement to establish a distinct *policy*, or declaration, on worker involvement in safety and health. The next stage of the model focuses upon *planning*, detailing how an assessment of the suitability of existing practices relating to worker involvement is carried out. This assessment considers a number of factors, in order to arrive at an appropriate strategy for managing worker involvement in safety and health. The planning stage also includes the identification of legal and other requirements and the establishment of objectives and programmes for managing worker involvement in safety and health. After planning comes *implementation and operation*, where roles and responsibilities for worker involvement in safety and health are defined and competency levels developed. The implementation stage includes requirements relating to communication and the implementation of worker involvement practices. The model for managing worker involvement in safety and health also includes requirements for *checking and corrective action*. During this stage the need for performance measurement is discussed. The ways in which a range of active and reactive techniques can be used to assess the effectiveness of worker involvement in safety and health are explored. The final stage of the procedural model is *management review*. This stage emphasises the need for management to contribute to the periodic review of arrangements for managing worker involvement in safety and health. Management review ensures that worker involvement practices remain relevant to the organisation, in response to changes affecting the organisation.

Chapter 10 proposes developments in legislation and guidance in the UK, relating to worker involvement in safety and health. This Chapter provides discussion on how legislation and guidance can be developed to promote stronger forms of worker involvement in safety and health and ensure that worker involvement becomes more relevant to the modern world of work. Recommendations for incorporating the systematic approach to worker involvement in safety and health, outlined in Chapter 9, into legislation and guidance are also considered. Ideal legislative changes are outlined, with further options for implementation, should the UK Government determine that the primary recommendations are unrealistic. The recommendations attempt to reach an appropriate balance between legislation, guidance and encouragement, to enable worker involvement practices to generate a more profound influence on organisational health and safety performance. Primary recommendations include legislative changes requiring worker involvement in risk assessment and the design, implementation and maintenance of health and safety arrangements. Amendments are proposed to the Health and Safety at work etc. Act 1974, to widen the definition of employee and clarify employer responsibilities for managing worker involvement. Furthermore, the Chapter suggests legislative developments requiring a systematic approach for the management of worker involvement in safety and health in the major hazard industries.

The final Chapter addresses the overarching aim of the project and reviews the objectives achieved. The main themes of the research are consolidated and the two key areas of examination (legislation and guidance) revisited, with a conclusion drawn as to whether the hypothesis has been proven or disproved. The conclusions partially support the hypothesis presented in the research. They establish that stronger forms of worker involvement in safety and health, relevant to the modern world of work, supported by a systematic framework for managing worker involvement practices, can generate further improvements in organisational health and safety performance. Clear justification of the rationale behind these conclusions is also provided at this stage. The conclusions draw attention to problems encountered during the research and consideration is given to the impact that they have had upon the work. This includes the difficulty in demonstrating the quantitative impact that worker involvement practices have on health and safety

performance. Reference is made to areas where additional research relating to worker involvement in safety and health may be required to build upon some of the areas of the research. In particular, it is recommended that a pilot study is undertaken, where the procedural model for managing worker involvement is implemented by organisations in the major hazard industries, to ascertain whether improvements are brought about in health and safety performance.

## 1.5 Method

The research adopts two main approaches, in order to address the research questions presented previously and arrive at conclusions as to the effectiveness of the law and management of worker involvement in safety and health. These methods include a literature-based, desk top study, drawing on secondary data. The work also adopts a doctrinal analysis, by determining what the law is in this area. The following sections provide an overview of these approaches and the sources of information utilised during the research.

The primary approach adopted throughout the research is a literature-based analysis, involving a qualitative review of published literature. The process involves selecting a particular research question and then using bibliographic databases to identify secondary sources. These sources include text books, scholarly articles and legal encyclopaedias. Desk based research is conducted of relevant literature, including academic texts, journal and magazine articles and research reports, particularly from the Health and Safety Executive (HSE).[3] The HSE produce numerous codes of practice and guidance notes relating to worker involvement in safety and health, which are analysed throughout the duration of the research. Information is also gleaned from a number of non-governmental organisations and professional bodies, including the Institution of Occupational Safety and Health (IOSH).[4]

[3] Health and Safety Executive, <http://www.hse.gov.uk/> accessed 10 August 2010
[4] Institution of Occupational Safety and Health, <http://www.iosh.co.uk/> accessed 10 August 2010

The literature-based review is supported by a doctrinal analysis of law relating to worker involvement in safety and health. Doctrinal research asks what the law is in a particular area. It is concerned with analysis of legal doctrine and how it has been developed and applied.[5] Chapter 4 of the research considers how law relating to worker involvement in safety and health has evolved and the overriding philosophy contained within the law. This approach enables underlying theories contained in the legal doctrine to be identified. The doctrinal analysis is qualitative, as it does not involve statistical analysis of data. It incorporates an analysis of published literature and legislative instruments accessed from the Office of Public Sector Information.[6] Other than legislation, case law is also analysed in the research. The legal database Westlaw is used to gather case law relevant to worker involvement in safety and health. The facts of each case and the reason(s) behind the court's decision are carefully studied, to identify the legal principles applied by the courts in reaching their decisions.

## 1.6 Background

The research project is set in a context where worker involvement in safety and health has risen up the agenda of the Health and Safety Executive (HSE) in recent years and is being promoted by them as an integral component of effective health and safety management. This background provides information on the current positions in legislation and guidance in the UK, relating to worker involvement in safety and health, to provide the reader with an overview of existing legal requirements and other approaches.

The HSE states that the UK has one of the best health and safety records in the world.[8] However, although the rates of death, injury and work-related ill health have declined for most of the past 35 years, the rate of decline has slowed. Statistics for 2009/10 show that 152 workers were killed and 121,430 employees were seriously injured at their place of

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[5] M McConville and HC Wing, *Research Methods for Law* (Edinburgh University Press, 2007)
[6] Her Majesty's Stationery Office, <http://www.opsi.gov.uk/> accessed 10 August 2010
[8] Health and Safety Executive, *The Health and Safety of Great Britain: Be Part of the Solution*, (HSE Books, HSE Strategy Statement, C100, 2009) 5

work.[9] Similarly, during the same period, approximately 1.3 million people were suffering from an illness reputably caused or made worse by their current or past work.[10] These figures indicate that the combined incidence of injury and ill health in the UK is much the same now as it was five years ago. Maintaining the status quo is undesirable and the focus of the HSE is therefore on finding ways of further improving the UK's health and safety performance. In recent years, the HSE has demonstrated a commitment to the encouragement of worker involvement in safety and health as part of new initiatives to drive down the incidence of injury and ill health in the UK. This commitment has been based on evidence, discussed in Chapter 3 of the thesis, that worker involvement in safety and health leads to a lowering of injury and ill-health rates at work.

### *1.6.1 Legislation Relating to Worker Involvement in Safety and Health*

In the UK, the principal Act of Parliament relating to occupational health and safety is the Health and Safety at Work etc. Act 1974. This Act of Parliament establishes the employers' general responsibilities for health and safety at work and outlines the requirements for consultation with employees. The Health and Safety at Work etc. Act 1974 contains two subsections that deal with employee rights to consultation, by the appointment of trade union representatives with whom the employer is required to enter dialogue.[11] In particular, Section 2 of the Health and Safety at Work etc. Act 1974 states that, where trade union safety representatives are appointed in the workplace, the employer has a duty to consult with these representatives, in order to develop health and safety measures. Furthermore, where formally requested, the employer has a duty to establish a health and safety committee, with the function of reviewing health and safety measures.[12] These requirements only relate to trade union appointed safety representatives and do not apply to employee representatives in organisations with no trade union recognition.

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[9] Health and Safety Executive, 'Health and Safety Statistics 2009/10' <http://www.hse.gov.uk/statistics/> accessed 13 April 2011
[10] Ibid 4
[11] Health and Safety at Work etc. Act 1974, ss 2(4) and 2(6)
[12] Ibid, ss 2(7)

The Safety Representatives and Safety Committees Regulations came into effect in October 1978 and augmented the general requirements of the Health and Safety at Work etc. Act 1974. These regulations address a number of issues, including the cases in which recognised trade unions can appoint safety representatives and criteria for the appointment of safety representatives.[13] The regulations also specify the functions and competency requirements of safety representatives.[14] However, as with the requirements of the Health and Safety at Work etc. Act 1974, the Safety Representatives and Safety Committees Regulations 1977 only relate to organisations that have trade union recognition. Although these requirements apply to the major hazard industries, offshore workers are covered by the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989. These regulations provide for the election of safety representatives, with functions similar to those defined under the Safety Representatives and Safety Committees Regulations 1977.

The Health and Safety at Work etc. Act 1974 and the Safety Representatives and Safety Committees Regulations 1977 establish legal requirements to consult with specified parties. However, it was not until UK law adopted a European dimension that further advancements were made in legislation relating to worker involvement in safety and health. In 1989, the European Framework Directive 89/391/EEC[15] was adopted which sought to achieve a community-wide system of worker involvement and social dialogue in matters relating to health and safety. In particular, Article 11 of the Framework Directive, states that employers should consult workers and/or their representatives and allow them to take part in discussions on questions relating to health and safety. The UK Government's response to the Framework Directive was the introduction of the Management of Health and Safety at Work Regulations 1999.

Although the Management of Health and Safety at Work Regulations 1999 established a framework for managing health and safety issues at work, with requirements for worker

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[13] Safety Representatives and Safety Committees Regulations 1977, reg 3
[14] Ibid, reg 4
[15] Council Directive 89/391/EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work [1989] OJ L183

involvement in safety and health, it did not satisfy the requirements for worker involvement in safety and health contained in the Framework Directive.[16] The Framework Directive includes an obligation for workers, whether union members of not, to be consulted about matters relating to health and safety at work. The UK Government of the time felt that this requirement was satisfied by the Safety Representatives and Safety Committees Regulations 1977. However, two judgments by the European Court of Justice established that the UK had failed to implement the consultative provisions of the Directive by restricting the obligations of employers to only consult in situations where unions are recognised.[17] These decisions paved the way to the introduction of the Health and Safety (Consultation with Employees) Regulations 1996.

The Health and Safety (Consultation with Employees) Regulations 1996 require employers to consult with employees not covered by representatives appointed in accordance with the Safety Representatives and Safety Committees Regulations 1977. In principle these regulations should have helped to align worker involvement practices between union and non-union represented workplaces. However, the discussion presented in Chapter 4 shows that the rights of representatives of employee safety, granted under the Health and Safety (Consultation with Employees) Regulations 1996, are inferior to the rights of trade union appointed safety representatives, under the Safety Representatives and Safety Committees Regulations 1977. Chapter 4 also identifies that the impact of the Health and Safety (Consultation with Employees) Regulations 1996 has been limited, due to the large number of businesses that have little or no awareness of the associated requirements. The limitations with the regulations have been coupled with a relaxed attitude towards enforcement, with HSE inspectors often unwilling to serve improvement notices where deficiencies in workplace consultation have been identified.[18]

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[16] P James and D Walters, *Non-Union Rights of Involvement: The Case of Health and Safety at Work*, (1997) Industrial Law Journal 26 (1) 38

[17] *Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-382/92 [1994] IRLR 392; and *Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-383/92 [1994] IRLR 412

[18] Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268/20, 2000)

After a period of inactivity, in April 2003, the HSE proposed a new set of regulations, which intended to firmly establish their position on worker involvement. In essence, the proposed regulations were an effort to harmonise the requirements of the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. These regulations included specific duties for the employer to consult with trade union appointed safety representatives, elected representatives, or directly with the workers where no safety representative had been appointed. However, these proposals were eventually shelved and replaced with a 'collective declaration on worker involvement.'[19] This declaration echoes the sentiments of the proposed regulations but does not provide the same status or effect as a revised legal framework, supporting worker involvement in safety and health in union and non-union represented workplaces. The HSE indicated that the Impact Assessment (IA)[20] conducted of the proposed changes in legislation justified their decision for retaining the status quo.

A worker involvement programme was set up by the Health and Safety Commission in early 2005[21] and has made some important contributions since its creation. However, the focus of its work remains upon providing guidance as opposed to making regulatory changes. The Health and Safety Commission, in 2007, clearly agreed that further evidence was needed of the benefits of worker involvement in safety and health, before committing to any changes in the legal framework.[22] A recent review of the HSE's website in April 2011 shows that there has been a continued programme of research linked to worker involvement; [23] however no evidence of any proposed developments in the existing legislative framework. Furthermore, there has been no indication that the

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[19] Health and Safety Executive, 'A Collective Declaration on Worker Involvement' (2004) <http://www.hse.gov.uk/involvement/hscdeclaration.pdf> accessed 11 August 2010

[20] Impact Assessment (IA) is a cost-benefit analysis undertaken for all proposed changes in legislation. See Health and Safety Executive, 'Impact Assessments' <http://www.hse.gov.uk/ria/> accessed 11 August 2010

[21] Health and Safety Executive, 'Workers' Health and Safety' <http://www.hse.gov.uk/workers/index.htm> accessed 11 August 2010

[22] Health and Safety Executive, 'Worker Involvement: Results of the Consultation Exercise and a Proposed Approach to Current and Future Work' Worker Involvement Programme (26 Feb 2007) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2007/150307/c12.pdf > accessed 12 August 2010

[23] <http://www.hse.gov.uk/involvement/research.htm> accessed 11 April, 2011

newly formed coalition Government is to bring about regulatory developments in the area. On the contrary, the message has been that deregulation may be needed to reduce the regulatory burden on businesses, including the need for 'common sense policing' of health and safety requirements.[24]

The research argues that the legislative framework in the UK, relating to worker involvement in safety and health, briefly referred to above, could be improved. Legislative requirements are heavily focused on consultation, as opposed to the stronger forms of involvement discussed in Chapter 2. Subsequent analysis identifies a number of changes in the world of work, particularly to the nature of employment in the UK, since the introduction of the Health and Safety at Work etc. Act 1974 and associated regulations, relating to worker involvement in safety and health. Large unionised organisations have been replaced by a greater number of small and medium sized firms, with the majority of the workforce now employed in non-unionised organisations. Of the total workforce, just seven and half million employees work in unionised organisations, compared to seventeen and a half million employees working in organisations with no union recognition.[25] There have also been a number of further significant changes in employment patterns in recent years, including the increased use of contractors, agency workers and migrant labour, creating working environments with many potential obstacles for worker involvement in safety and health. The evidence presented in Chapter 5 argues that the Health and Safety at Work etc. Act 1974 no longer provides a suitable framework for managing worker involvement in safety and health, which is applicable to the modern world of work. Chapter 9 of the research identifies further deficiencies in existing legislation by showing that current requirements do not promote a systematic approach to the management of worker involvement in safety and health.

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[24] BBC News, 'Policy-by-Policy: The Coalition Government's Plans' (21 May 2010) <http://news.bbc.co.uk/2/hi/uk_news/politics/8693832.stm> accessed 12 April, 2011

[25] C Barret, *Trade Union Membership 2008* (National Statistics Publication, Department for Business, Enterprise and Regulatory Reform, April 2009)

### *1.6.2 Guidance Relating to Worker Involvement in Safety and Health*

The overview of legislation relating to worker involvement in safety and health illustrates that in recent years there has been a reluctance to develop legislation in the UK, relating to worker involvement in safety and health. This reluctance aligns to the HSE's general deregulatory approach, flowing from the UK government's commitment to reduce the regulatory burden upon organisations from legal requirements (including health and safety).[26] The commitment to reduce regulatory requirements is part of the UK government's better regulation agenda, led by the Better Regulation Executive (BRE), part of the Department for Business, Innovation and Skills (BIS).[27] The deregulatory approach has been accompanied by a proliferation of guidance in relation to the management of health and safety at work. Similar patterns are evidenced in relation to worker involvement in safety and health, with the introduction of a plethora of guidance notes and publications of best practice since the HSE declaration on worker involvement was published in March 2004. However, much of this guidance is generic and, as discussed in the thesis, fails to provide organisations with industry specific solutions for managing worker involvement in safety and health.

The HSE declaration on worker involvement briefly preceded the Health and Safety Commission's (HSC) *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*.[28] In this plan, the HSC described their mission to gain recognition of health and safety as a cornerstone of civilised society and with that achieve a record of workplace health and safety that leads the world. At the time, the HSC and the HSE[29] identified worker involvement, consultation and safety representatives operating together with management as fundamental success factors for the achievement of this vision. The

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[26] BBC News, 'Cameron Says Health and Safety Rules Over the Top' (1 December 2009) <http://news.bbc.co.uk/2/hi/uk_news/politics/8388025.stm> accessed 15 September 2010

[27] Department for Business, Innovation and Skills (BIS), 'Better Regulation' <http://www.bis.gov.uk/policies/better-regulation> accessed 15 September 2010

[28] Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)

[29] In April 2008 the Department for Work and Pensions (DWP) announced the merger of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) to form a single national regulatory body, namely the HSE. See Health and Safety Executive, 'HSC/HSE Merger Enforcement Statement' (6 February 2009) < http://www.hse.gov.uk/aboutus/furtherinfo/merger.htm> accessed 1 August 2010

strategy was designed to support the *Revitalising Health and Safety* strategy, published by the HSC and the Department for Environmental Transport and the Regions (DETR) in June 2000.[30] This earlier strategy set some demanding targets, including a 30% reduction in working days lost, a 20% reduction in work related ill health and a 10% reduction in the number of fatalities and major injuries. All of this was to be achieved in full by 2010, with half of the reduction being reached by 2004.[31]

In the Revitalising Health and Safety strategy it was argued that although the framework for regulating health and safety established by the Health and Safety at Work etc, Act 1974 was effective, there was a need to inject a new impetus into the health and safety system. It went further, to state that steps had to be taken to identify new approaches to reduce further the rates of accidents and ill health caused by work and to ensure that health and safety legislation remained relevant to the modern world of work. At the heart of this initiative to reduce accident and ill health rates was the role of worker involvement in safety and health. The HSC was under no illusion that the tough targets set in the strategy could be met without worker involvement in health and safety decision making. The ethos projected by the strategy statement was that everyone in the workplace has a part to play in promoting improvements in organisational health and safety performance. Furthermore, the various elements in the strategy could not be brought together in a consistent fashion without all stakeholders in the health and safety system working in partnership.

The HSE has published a suite of guidance on worker involvement in safety and health, with much of the guidance being revised and updated following the Revitalising Health and Safety strategy. Guidance has been published specifically aimed at Directors, establishing their responsibilities for health and safety at work.[32] One specific action point in the guidance recommends that the Board of Directors makes attempts to actively engage the workforce in health and safety decision making. Although this guidance was

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[30] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[31] Ibid 8
[32] Health and Safety Executive, *Director's Responsibilities for Health and Safety* (HSE Books, INDG 343, 2003)

superseded in 2007,[33] the message still remains the same, in that members of the board should ensure that employees, or their representatives, are involved in the decisions that affect their health and safety. This guidance reinforces a common theme in this thesis, namely that senior management commitment is required for worker involvement in safety and health practices to have a positive impact upon organisational health and safety performance.

Guidance on worker involvement has been created by the HSE aimed at particular sectors of the major hazard industries, including chemical[34] and offshore activities.[35] Both of these guidance notes use case studies to identify why workers should be involved in health and safety decision making and how worker involvement can help to prevent workplace accidents from arising. The HSE has also created a dedicated worker involvement website, containing free guidance and links to relevant research and publications. The website also contains many examples of involvement initiatives from a range of industries.[36]

## 1.7 Conclusions

The involvement of workers is widely believed to be central to the achievement of improved organisational performance across many dimensions, including that of health and safety management. This is a view shared by the Health and Safety Executive (HSE).[37] However, although there is an existing framework of legislation and guidance in the UK, relating to worker involvement in safety and health, the thesis argues that it does not sufficiently promote stronger forms of worker involvement in safety and health, or ensure that worker involvement in safety and health is managed in a systematic

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[33] Health and Safety Executive, *Leading Health and Safety at Work* (HSE Books, INDG 417, C700, 2009)
[34] Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)
[35] Health and Safety Executive, *Play Your Part! How Offshore Workers Can Help Improve Health and Safety* (HSE Books, INDG 421, 2008)
[36] Health and Safety Executive, 'Worker Involvement' <http://www.hse.gov.uk/involvement/> accessed 15 August 2010
[37] Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)

fashion. Furthermore, although there is a range of guidance relating to worker involvement in safety and health, the legal framework is somewhat outdated and not relevant to the modern world of work. The research intends to address these problems and propose recommendations in relation to how legislation and guidance in the UK, relating to worker involvement in safety and health, can be developed to foster improvements in organisational health and safety performance.

From these opening discussions, it is apparent that from a legislative perspective there appears recently to be unwillingness on behalf of the UK Government, to bring about further developments in legislation relating to worker involvement in safety and health. Legislation in the UK remains heavily focused on consultation, as opposed to the stronger forms of involvement proposed in the research. The guidance published primarily by the HSE is also heavily slanted towards consultation on health and safety matters. Furthermore, despite the rhetoric in the HSE's Revitalising Health and Safety strategy and subsequent strategy statements, it appears that the HSE needs to inject a new impetus into the health and safety system. Accident and ill health figures in the UK have reached a plateau and new approaches are required to generate a more positive impact upon organisational health and safety performance. It is shown from an international perspective that some countries have implemented innovative approaches, which have yielded positive returns from worker involvement in safety and health. The HSE could perhaps look to some of these initiatives in order to further improve the impact of worker involvement in safety and health upon organisational health and safety performance in the UK.

If the arguments presented in this thesis are accepted at a higher level, it is anticipated that a further re-examination of the law relating to worker involvement in safety and health in the UK will be undertaken. If legal developments are forthcoming, the intention is that these improvements provide organisations with a valid and structured framework for managing worker involvement in safety and health. The research will add value if it can assist in improving the management of worker involvement in safety and health and

ultimately generate improvements in organisational health and safety performance, through reductions in work-related accidents and ill health.

## 2. THE SPECTRUM OF WORKER INVOLVEMENT IN SAFETY AND HEALTH

This Chapter examines the concept of worker involvement in safety and health. Various forms of worker involvement in safety and health can exist in an organisation and this Chapter presents a typology of worker involvement in safety and health, in the form of a spectrum, illustrating an association between different types of worker involvement. The spectrum of worker involvement in safety and health shows a progression from weaker to stronger forms of worker involvement and is intended to be used by organisations to determine the prevailing level of worker involvement and identify mechanisms necessary to bring about improvements in the level of worker involvement in safety and health. The spectrum of worker involvement in safety and health makes reference to terms which are used frequently throughout the research. Within the discipline of occupational health and safety, many of the terms identified in this Chapter are used interchangeably and are often interpreted differently depending upon the perspective of the analysis. It is therefore important that the meaning of these terms, and other important terminology, are clearly defined for the purpose of the thesis. The spectrum of worker involvement in safety and health is an integral component of the contribution to knowledge made by the research and is subject to further analysis in subsequent Chapters.[38]

### 2.1 Occupational Health and Safety

Before defining the various forms of worker involvement in safety and health referred to in the research, further introductory comments are needed with respect to the discipline of occupational health and safety, to which worker involvement practices relate. The Health and Safety Executive (HSE) refer to occupational health and safety, in their current strategy statement,[39] as a discipline concerned with:

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[38] See Chapter 8 for a discussion on the implementation of mechanisms to develop levels of worker involvement in safety and health

[39] Health and Safety Executive, *The Health and Safety of Great Britain \\ Be Part of the Solution* (HSE Books, C100, 2009)

> '...the prevention of death, injury and ill health to those at work and those affected by work activities.'[40]

In consideration of the HSE definition, in the context of the thesis, occupational health and safety is given the following definition:

> 'A cross-disciplinary area concerned with protecting the safety, health and welfare of people at work, along with other parties who may be impacted by the workplace environment.'

Health and safety (or safety and health) is discussed in the thesis primarily from an occupational perspective. Thus the focus is upon activities taking place within the workplace. However, subsequent discussions indicate the difficulties in defining the term *workplace* in the context of modern employment patterns,[41] and the developments in organisational culture that are possible where a focus is established on influencing health and safety issues outside of the workplace.[42]

There are two distinct aspects to this organisational discipline; namely health and safety. Occupational health is concerned with exposure to hazardous agents, such as chemical, physical and biological hazards, which may bring about changes in an individual's health status.[43] Since 1950, the International Labour Organization (ILO) and the World Health Organization (WHO) have shared a common definition of occupational health, which emphasises the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.[44] In comparison, occupational safety

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[40] Health and Safety Executive, *The Health and Safety of Great Britain \ Be Part of the Solution* (HSE Books, C100, 2009) 1

[41] Chapter 5 provides analysis on the changing world of work and the influence of these changes on the management of worker involvement in safety and health

[42] See Chapter 7 for a discussion on safety culture maturity and its application to worker involvement in safety and health

[43] J Stranks, *Health and Safety Law* (Pearson Education Limited, 5th Edition, 2005)

[44] This common definition was adopted by the joint International Labour Organization (ILO) and World Health Organization (WHO) Committee on Occupational Health at its first session in 1950 and revised at its 12th session in 1995. See Jeanne Stellman, *Encyclopaedia of Occupational Health and Safety* (International Labour Organization, Volume 1, 4th Edition, 1998)

focuses primarily on accident prevention and reducing the risks associated with activities, which may lead to injury and damage to plant and equipment.[45] Common safety hazards include work at height, machinery and moving vehicles. It is important to clarify this distinction between health and safety, as worker involvement practices are presented in the thesis as ways of improving both occupational health *and* safety performance in an organisation.[46]

The research focuses on the need for worker involvement in safety and health practices to be relevant to the *modern world of work.* Chapter 6 shows that since the introduction of early health and legislation that new industries and working methods have arisen. The modern world of work is provided the following definition in the thesis:

> 'changes in the type of work and how we work, since the introduction of the Health and Safety at Work Act 1974, resulting in the emergence of new occupational health and safety risks.'

The research emphasises that any approach for managing worker involvement in safety and health has to be applicable to the modern world of work and address specific risks created, particularly in consideration of the growth of non-standard patterns of employment.

In the introduction it is noted that the research focuses on the management of worker involvement in safety and health, primarily in the major hazard industries. Major hazard industries undertake activities where the control of major hazards is critical, for example, gas conveyance and on-shore major hazard pipelines, chemical installations, explosives

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[45] J Stranks, *Health and Safety Law* (Pearson Education Limited, 5th Edition, 2005)

[46] Occupational health issues are often more difficult to manage than safety issues due to the many factors which can affect our health status and the latency of effects in many cases. For further discussion on this matter see K Sparks, B Faragher and CL Cooper, *Well-Being and Occupational Health in the 21st Century Workplace* (2001) Journal of Occupational and Organizational Psychology, British Psychological Society 74 (4) 489. See MJ Grawitch et al, *Leading the Healthy Workforce: The Integral Role of Employee Involvement* (2009) Consulting Psychology Journal: Practice and Research 61 (2) 122 for an analysis of the importance of employee involvement in promoting improvements in occupational health.

and mining, railways, off-shore and nuclear industries.[47] In these industries, due to the hazards associated with operational activities, the need for effective control systems is paramount. The model for the management of worker involvement in safety and health proposed in the thesis is ideally suited to implementation in the major hazard industries, due to the safety-critical nature of these industries. Because of their very nature, the major hazard industries tend to be more familiar with the concept of a health and safety management system, something which is a pre-requisite for the successful implementation of the worker involvement model presented in the research.

Although guidance exists promoting the systematic control of many important health and safety management requirements, including competency,[48] a *systematic approach to the management of worker involvement in safety and health* is not required by existing legislation and guidance in the UK. In the context of the research, the systematic approach is given the following definition:

> 'The organised and coherent framework for managing worker involvement practices, in line with the main components of an occupational health and safety management system.'

The systematic approach is projected as a way of ensuring that worker involvement practices are managed holistically, avoiding the tendency for worker involvement to be addressed in an ad-hoc fashion.[49] Despite the intended application of a systematic approach to worker involvement in safety and health in the major hazard industries, the principles contained in this approach could also be applied to lower risk industrial sectors.

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[47] Health and Safety Executive, 'Health and Safety Commission Annual Report and the Health and Safety Commission/Executive Accounts 2003/04' <http://www.hse.gov.uk/aboutus/reports/0304> accessed 28 March 2010

[48] Health and Safety Executive, *Developing and Maintaining Staff Competence* (HSE Books, HSG 197, 2002)

[49] See Chapter 9 for further discussion on the benefits of adopting a systematic approach to the management of worker involvement in safety and health

## 2.2 Worker Involvement in Safety and Health

The concept of *worker involvement in safety and health* is central to the research. It is therefore important that this term is defined for the purposes of this work. In order to arrive at a valid and suitable definition of worker involvement in safety and health, reference is made to a number of credible sources. From the perspective of the regulator, the Health and Safety Executive (HSE) define worker involvement in safety and health as:

> '...a two way process where you and your employees: talk to one another; listen to one another's concerns; raise concerns and solve problems together; seek and share views and information; discuss issues in good time; consider what everyone has to say; and make decisions together.'[50]

From a non-governmental perspective, the Institution of Occupational Safety and Health (IOSH),[51] the world's largest professional health and safety organisation, provide the following simplified, yet similar, definition of worker involvement in safety and health:

> '...a two-way process where employers and employees can work together on spotting, solving and owning health and safety problems.'[52]

The literature review conducted as part of the research identifies many similar definitions of worker involvement in safety and health to those adopted by the HSE and IOSH. However, upon further analysis, it is found that the theory relating to worker involvement in safety and health often refers to a range of mechanisms in which workers can become involved in health and safety decision making.[53] In consideration of the various

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[50] Health and Safety Executive, 'The Basics' <http://www.hse.gov.uk/involvement/basics.htm> accessed 19 June 2010

[51] Institution of Occupational Safety and Health, <http://www.iosh.co.uk> accessed 15 April 2010

[52] Institution of Occupational Safety and Health, 'Worker Involvement' IOSH Policies <http://www.iosh.co.uk/information_and_resources/developing_policy/worker_involvement> accessed 15 April 2010

[53] R Du Prey, *Assessing the Effectiveness of an Occupational Safety Program in an Automotive Manufacturing Plant Machine Shop in the Midwest* (PhD Thesis, Capella University, USA, 2002)

definitions and interpretations identified and recognition that worker involvement in safety and health invariably encompasses a variety of measures; the following definition is used in the thesis:

> 'The range of practices designed to promote the contribution of all workers in an organisation to health and safety decision making, with the intention of generating a positive impact upon health and safety performance.'

It should be noted from the above definition, that worker involvement in safety and health is presented as an extremely broad concept, encapsulating a diverse range of techniques and practices, all of which intend to allow the workforce greater influence over health and safety decision making. The term *worker* is used within this definition as opposed to *employee*. The use of the latter term restricts attention to individuals directly employed by an employer. Whereas, the term worker acknowledges that a range of employment relationships exist, including contractors and agency workers. Subsequent analysis shows that the effective management of worker involvement in safety and health requires an employer to involve all workers in health and safety decision making, irrespective of the strength of their association with the organisation.[54] What is of importance is that the individual is undertaking activities on behalf of the organisation and the employer is therefore in a position of control, subsequently owing that individual a duty of care.[55] If organisational activities have the potential to impact the health, safety or welfare of workers, then these individuals should be permitted the opportunity to become involved in health and safety decision making, whether they are employees or contractors.[56] However, one of the problems is the difficulty in generating effective worker involvement in an environment compromising of short-term and contract labour.[57]

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[54] See Chapter 5 for a discussion on the importance of involving contractors and other parties in health and safety decision making

[55] The concept of duty of care is enshrined within the general duties of the Health and Safety at Work etc. Act 1974

[56] Chapter 3 presents a review of the moral, legal and financial arguments for worker involvement in safety and health

[57] See Chapter 5 for a discussion on problems in promoting worker involvement within a workforce made up of transient and peripatetic workers

The term worker *engagement* is referred to in some research as a more suitable term to express the range of measures that allow workers to influence management decisions.[58] The term engagement is not used in the thesis, as it is a concept which appears synonymous with attachment. There are many ways in which workers can become involved in health and safety at work, but relatively few mechanisms which allow the worker to become attached or engaged in the health and safety decision making process. Co-determination (a term which is discussed later in this Chapter) is more closely aligned to worker engagement, as it suggests that workers and management have equal influence when it comes to making important decisions affecting health and safety at work.

## 2.3 The Spectrum of Worker Involvement in Safety and Health

A *spectrum of worker involvement in safety and health* is presented (see Figure 2.1) to depict the relationship between the various forms of worker involvement in safety and health discussed in the research. This typology illustrates a progressive process, where weaker forms of worker involvement develop into *stronger forms of involvement in safety and health*. In the context of the research project, stronger forms of worker involvement in safety and health are given the following definition:

> 'Forms of worker involvement which facilitate a progression from information and consultation on health and safety matters, towards a more active contribution to health and safety decision making.'

As becomes clear from later discussion and argument, the progression from weaker to stronger forms of involvement does not occur naturally, requiring significant support, commitment and allocation of resources from senior management in the organisation.[59] The spectrum shows that the provision of information to workers is the weakest form of involvement that may exist in an organisation. As worker involvement progresses, it

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[58] Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006)

[59] Chapter 3 reviews the factors necessary to support the different forms of worker involvement in safety and health

moves into a two-way consultative process, where dialogue takes place between management and workers, as opposed to the provision of information which is fundamentally a one way process. Consultation is superseded by participation, which allows workers to exert a more active influence on health and safety decision-making. Co-determination takes this level of influence one step further and relates to co-decision arrangements between workers and the employer. Finally, self management is presented as the strongest form of worker involvement in safety and health, permitting workers the autonomy to make decisions without direct management control.

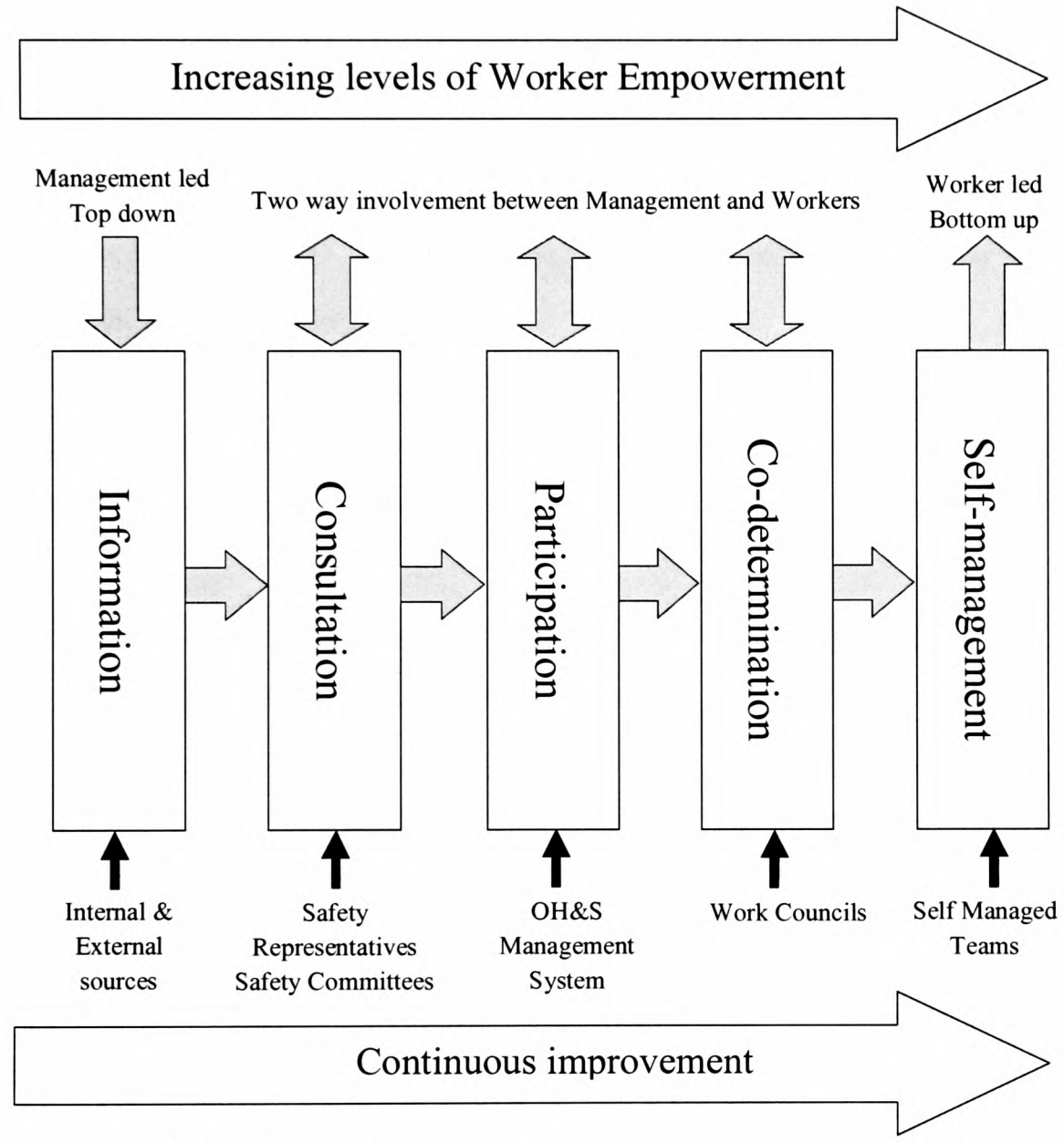


*Fig. 2.1 The Spectrum of Worker Involvement in Safety and Health*

### *2.3.1 Information*

At the lowest level of the spectrum of worker involvement in safety and health is the provision of health and safety *information*. It may be questioned as to how the provision of information can be regarded as a form of worker involvement in safety and health? However, although this form of involvement is driven by management, employees and third parties are informed of proposals.[60] In this sense, it is regarded as a form of worker involvement, if somewhat weak in nature. Indeed, the implementation of safety policies, procedures and safe systems of work may encounter problems, unless the employer provides the workforce, contractors and visitors with the necessary information to raise awareness of health and safety risks associated with work related activities. In the context of the research, the provision of information is therefore classed as a form of worker involvement and a prerequisite that supports stronger forms of worker involvement in safety and health.

In consideration of the comments made above, the provision of information is given the following definition in the research:

> 'Any one way form of communication where employees are told of health and safety requirements, arrangements or performance.'

This definition is supported by existing health and safety legislation, which makes reference to the provision of information occurring when workers are advised of proposals or arrangements relating to health and safety matters.[61] Section 2 of the Health and Safety at Work etc. Act 1974 is the origin of the information principle, however, over time a considerable number of statutory obligations have arisen which require the employer to provide health and safety information. Discussion of the content and effectiveness of these legal requirements is found in Chapter 4.

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[60] A Wilkinson, T Dundon and I Grugulis, *Information but not Consultation: Exploring Employee Involvement in SMEs* (2007) The International Journal of Human Resource Management 18 (7) 1285

[61] See Regulation 10 of the Management of Health and Safety at Work Regulations 1999

As can be seen from the diagrammatical representation of the spectrum of worker involvement in safety and health (see Figure 2.1), the provision of information is management driven or a top down approach, where employees are told of health and safety requirements. At this level of worker involvement in safety and health, workers are not provided the opportunity to contribute to the decision making process. The typology also indicates that the provision of information can apply to both internal and external sources. Internal sources include the information and data that is produced from inside the organisation, including risk assessment reports, accident records and inspection reports. External sources relate to information that is available outside of the organisation. This type of information may include health and safety legislation, HSE publications such as Approved Codes of Practices and industry specific guidance.[62] Discussion presented in Chapter 8 of the thesis considers how internal and external sources of information should be managed in a structured fashion, to support stronger forms of worker involvement in safety and health.

### *2.3.2 Consultation*

The next form of worker involvement in safety and health in the spectrum is *consultation*. Consultation is a term commonly used in industry and referred to in legislation around the world.[63] The legal framework relating to worker involvement in safety and health in the UK is founded upon consultative provisions. Furthermore, the HSE use the term 'Worker Involvement and Consultation' in their recent strategies.[64] This suggests that the HSE perceive that involvement and consultation go hand in hand. However, for the purposes of the research, although consultation is inextricably linked to involvement, it is presented as a distinct form of worker involvement in safety and health.

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[62] See P Hughes and E Ferrit, *Introduction to Health and Safety at Work* (Butterworth-Heinemann, Fourth Edition, 2009) 18 for more examples of internal and external sources of health and safety information

[63] JL Cotton, *Employee Involvement* (1996) International Review of Industrial and Organisational Psychology 11 219

[64] Health and Safety Executive, 'Worker Involvement' <http://www.hse.gov.uk/involvement/index.htm> accessed 20 June 2010

The website of the UK government[65] refers to consultation as a process where the employer should:

> '...listen and take account of employees' views when deciding what to do.'

Although there is no legal definition of the term in UK legislation, guidance published by the HSE[66] supports this definition by stating that:

> 'Consultation involves employers not only giving information to employees but also listening to and taking account of what employees say before they make any health and safety decisions.'

The HSE guidance recommends that where a decision involving work equipment, processes or organisation could affect the health and safety of employees, the employer should allow time to give the employees, or their representatives, information about what is proposed. Furthermore, the employer is required to give the employees or their representatives the chance to express their views and take into account these views before making a decision.

The Advisory, Conciliation and Arbitration Service (ACAS) which works with organisations with the aim of improving employment relations, provide a very similar definition of the term consultation:

> '...the process by which management and employees, or their representatives jointly examine and discuss issues of mutual concern. It involves seeking acceptable solutions through a genuine exchange of information.'[67]

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[65] HM Government, <http://www.direct.gov.uk> accessed 21 June 2010
[66] Health and Safety Executive, *Consulting of Employees on Health and Safety* (HSE Books, IND(G) 232, 2002)
[67] Advisory, Conciliation and Arbitration Service (ACAS), *Employee Communications and Consultation* (Ref B06, 2009)

Consultation involves looking for solutions to problems through a transfer of views and information. It is presented in the research as a stronger form of worker involvement in safety and health than the provision of information, in that consultation is more than just giving information, or telling employees what the employer has already decided to do. Consultation is a two way process, in which management seek the views and opinions of the workforce, either directly or indirectly via safety representatives.

Unfortunately, with consultative processes there often remains a tendency for independent management decisions, where management may fail to take heed of worker concerns.[68] Consultation with appropriate representatives does not mean reaching agreement, but should be undertaken by the employer with a view to reaching agreement. The English courts have found that if, despite the employer's best efforts, agreement proves impossible, that management ultimately has the power unilaterally to impose its will.[69]

Consultation does not remove the right of managers to manage, as they still have to make the final decision and it does not require managers and workers to agree. However, this form of worker involvement in safety and health obliges management to seek and listen to the views of workers before decisions are taken. It is this final assertion, along with other perspectives of the term consultation previously considered, that have led to the following definition of consultation being adopted for the research project:

> 'A process in which the views of workers are sought in relation to health and safety matters affecting them, with limited influence upon decision-making.'

This definition focuses upon the need for management to ascertain views and opinions from the workforce before making decisions, but illustrates that consultation is a relatively weak form of worker involvement in safety and health, when compared to participatory and co-decision making arrangements.

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[68] Chapter 3 provides a discussion on the limitations associated with consultation and other forms of worker involvement in safety and health

[69] *GMB v Susie Radin Ltd* [2004] EWCA Civ 180

The spectrum of worker involvement in safety and health makes reference to consultative arrangements being implemented through the appointment of health and safety representatives and the formation of health and safety committees. As discussed in Chapter 4, consultation with employees directly is impractical in most organisations, particularly where there are many employees. The safety representative therefore acts on behalf of the employees by presenting the concerns of employees before management at the appropriate forum, namely the health and safety committee. In this respect, the safety representative acts as a filter, ensuring that important health and safety considerations identified by the workforce are put before management. Consultation is discussed in detail in later Chapters,[70] including an evaluation of existing legal requirements and consideration of how this form of involvement can be implemented in practice.[71]

### *2.3.3 Participation*

The next form of worker involvement in safety and health in the spectrum is *participation*. Participation and involvement appear to be synonymous, and in the literature they are often used interchangeably.[72] The Concise Oxford English Dictionary defines *involve* as 'cause to experience or participate in an activity or situation' and defines *participate* as to *be involved*.[73] Some commentators regard participation as identical to consultation,[74] whilst other authors consider participation and involvement to be the same thing, but separate from consultation.[75] It is evident that there are many different interpretations of the term participation. And thus, arriving at a valid definition of participation presents more problems than with the other forms of worker involvement in safety and health discussed in the Chapter.

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[70] See Chapter 4 for a review of legislation and guidance in the UK, relating to worker involvement in safety and health

[71] Chapter 8 of the thesis addresses the implementation of worker involvement mechanisms

[72] WF Maloney, *Employee Involvement, Consultation and Information Sharing in Health and Safety in Construction* (Engineering Physical Science Research Council, Report No. GR/S25494/01, 2003)

[73] C Soanes and A Stevenson, *The Concise Oxford English Dictionary* (Oxford University Press, 2004)

[74] P Shearn, *Workforce Participation in the Management of Occupational Health and Safety* (Health and Safety Executive, Report No. ERG/04/01, 2004)

[75] WF Maloney, *Employee Involvement, Consultation and Information Sharing in Health and Safety in Construction* (Engineering Physical Science Research Council. Report No. GR/S25494/01, 2003)

Worker participation is broken down in the literature into two further sub-categories of *direct* and *indirect* participation.[76] Direct participation, as the term suggests, states that the worker is directly involved in the decision making process, possibly in the form of group based participation, or in a weaker form through suggestion schemes. Direct participation tends to relate to the influence of workers at more of a local or departmental level. It is often the practice that safety groups and other mechanisms of direct participation, discuss localised safety issues, for example, the development of safe operating procedures for a specific item of work equipment. These changes may have quite far-reaching effects but tend to operate within specific rules and often do not have the potential to significantly influence management decision making. Chapter 4 illustrates that, in the UK, worker involvement in health and safety often takes place through indirect participation. In other words, participation is undertaken on behalf of the workers by their trade unions or elected representatives. Safety representatives have powers to undertake health and safety inspections and contribute to accident investigations in the workplace. It is this type of participation that allows workers, indirectly via their safety representatives, to have an influence on decision making at management level.

Another layer of complexity is added by the introduction in some literature of a sub-division of direct participation into either consultative or deliberative participation.[77] The former requires that management encourage employees to make their views known on work-related matters, but it is up to the management to accept or reject their proposals. In the context of the research, this is referred to as consultation and not as a form of participation, as it does not facilitate practical involvement in health and safety management. Deliberative participation infers that employees are given increased discretion and responsibility by the organisation to carry out their jobs in more of an autonomous fashion. Again, in the research, this is classed as participation, with the need to subdivide levels of participation being avoided.

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[76] S Rubenowitz, F Norrgren and AS Tannenbaum, *Some Social Psychological Effects of Direct and Indirect Participation in Ten Swedish Companies* (1983) Organization Studies 4 (3) 250

[77] K Sisson, *The Information and Consultation Directive: Unnecessary Regulation or an Opportunity to Promote Partnership* (Warwick Papers in Industrial Relations, 2002)

Existing literature indicates that there are differences between worker involvement and worker participation, with worker involvement being seen as a pluralist or collective approach to safety management, involving a number of processes and mechanisms such as consultation, where dialogue occurs between managements and safety representatives. Worker participation, in contrast, subscribes to a more individualist and unitarist approach that aims to harness commitment to organisational objectives and relies on the maintenance of management control.[78] In consideration of these definitions and comments, worker participation is given the following definition in the context of this critique:

> 'A type of involvement designed to provide employees with the opportunity to influence health and safety at a local level, and where appropriate, actively take part in decision making on a wider scale on matters that affect them.'

One of the key components of this definition is the phrase 'actively take part' and it is this requirement that differentiates participation in the research from consultation. However, just as a link exists between the provision of information and consultation, a similar link is present between consultation and participation. In many cases, consultative processes generate participative interventions in occupational health and safety management. From a practical perspective, this could be recommendations made to management during consultation at a monthly safety meeting for workers to participate in the completion of risk assessments. Whereas consultation relates to the dialogue between representatives and management, participation requires the practical involvement and contribution of workers to decision-making.

The spectrum of worker involvement in safety and health indicates that participation in health and safety management can occur through the occupational health and safety management system present in an organisation. Even where the management system of an organisation is relatively informal, there is still the potential for worker participation.

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[78] For a critique of pluralist and unitarist management styles see A Fox, *Beyond Contract: Work, Power and Trust Relations* (Faber, London, 1974)

Chapter 8 builds upon this idea and provides practical examples of how workers can become involved in the development, implementation and maintenance of an occupational health and safety management system. This later Chapter illustrates that at all stages of the management system, opportunities exist for management to encourage the active participation of workers in decision making. This can include the development of health and safety policies, undertaking hazard identification exercises, development of safe systems of work and conducting safety inspections and audits.

### *2.3.4 Co-determination*

In recent years, particularly in the European Union, *co-determination* has become another commonly used term in relation to worker involvement in safety and health. In larger companies, co-determination generally involves the formation of works councils, whereas in smaller companies worker representatives are elected. These worker representatives act as intermediaries in exercising the workers' rights of being informed or consulted on decisions concerning employee status and rights; however they can also be elected, or selected as worker representatives in managerial and supervisory organs of companies.[79]

In systems with co-determination the employees are given seats on a board of directors in one-tier management systems, or seats on a supervisory board and sometimes a management board in two-tier management systems. In two-tier systems, the seats in supervisory boards are usually limited to one third of all members. In some systems the employees can select half of all members of supervisory boards, but the president is always a representative of the shareholders and has the deciding vote.[80] There is not typically an employee representative on the management board. In one-tier systems with co-determination the employees usually have only one or two representatives on a board of directors. Sometimes they are also given seats in certain specific committees (e.g. an audit committee). However, there is rarely a situation where representatives are amongst

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[79] F Fitzroy and K Kraft, *Co-determination, Efficiency and Productivity* (2005) British Journal of Industrial Relations 43 (2) 240

[80] B Frick, *Co-determination and Personnel Turnover* (2007) Labour 10 (2) 410

the executive directors. To provide European examples of the practical application of co-determination, the typical two-tier system is found commonly in Germany, whilst the typical one-tier system with co-determination is most prevalent in Sweden.[81]

Although co-determination is common in many parts of Europe, the concept has never universally been accepted in the UK. Attempts were made to try and establish co-determinative structures during the Harold Wilson Labour government of March 1974 to April 1976. In December 1975, a Committee of Enquiry into Industrial Democracy was set up in response to the European Commission's Fifth Directive 75/129.[82] The Committee's role was to investigate the need for a radical extension of industrial democracy in the control of companies, by means of representation on boards of directors.[83] It focused on the role of trade union organisations in bringing about this shift in worker involvement.[84] The committee, chaired by Alan Bullock, published its report in January 1977, known as the Bullock Report. A detailed review of the Bullock Report is beyond the scope of this Chapter;[85] however Chapter 4 provides further critical evaluation of legislation relating to co-determination. Despite the hopes of the UK manufacturing sector that the findings of the Bullock Report would help to find a way to solve chronic industrial disputes it received strong left wing opposition.[86] It may have been perceived as a movement towards socialism, or perhaps too significant a shift towards purer forms of worker involvement, particularly in consideration of the largely decentralised and voluntary approach to worker involvement adopted in the UK.[87]

In consideration of the literature review, co-determination is given the following definition in the research:

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[81] Co-determination is discussed in detail in subsequent Chapters. However, for further information see European Industrial Relations Observatory, *Board-Level Representation in Europe* (Observer Supplement, Dublin, 1998)

[82] Council Directive 75/129/EEC on the Approximation of Laws of the Member States Relating to Collective Redundancies [1975] OJ L48

[83] Lord Wedderburn, *Consultation and Collective Bargaining in Europe: Success or Ideology (1997)* Industrial Law Journal 26 (1) 20

[84] C Jenkins and B Sherman, *Collective Bargaining* (Routledge and Kegan Paul, London, 1977)

[85] See WB Creighton, *The Bullock Report: The Coming of the Age of Democracy* (1977) British Journal of Law and Society 4 (1) 10

[86] R Lewis and J Clark, *The Bullock Report* (1977) The Modern Law Review 40 (3) 325

[87] K Williams, *Industrial Relations and the German Model* (Aldershot, Avebury, 1988)

> 'The practice whereby employees have an influential role in the health and safety management in an organisation through co-decision arrangements with management, typically involving the formation of works councils.'

The spectrum of worker involvement in safety and health makes reference to work councils as the organ for facilitating co-determination in practice. Chapter 8 presents discussion as to how this can be achieved, focusing upon the formation of a works council and the health and safety issues which are typically presented before the works council for dialogue.

### *2.3.5 Self Management*

In the spectrum of worker involvement in safety and health, worker *self management* is presented as the strongest form of involvement. The image of people freeing themselves of direct management control and taking communal responsibility for their working lives may appear implausible, yet in some countries this system has developed as an alternative to government control and capitalist gigantism.[88] Historically, worker self management has been a cornerstone of socialism, dating back to Karl Marx's theories on collective ownership and economic development.[89] From a historical perspective, the concept of self management first appeared during the Spanish Revolution (1936-1939). During this time, much of Spain's economy was put under worker control, with many factories being run through worker committees.[90] Worker self management was also the official doctrine of the Yugoslav socialist regime between 1950 and the breakup of the Yugoslav federation.[91] Throughout Yugoslavia, all the major factories were under worker self management. In more recent times, self management became popular in the automotive

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[88] M Warner, *Management Versus Self management in Yugoslavia* (Cambridge University Press, 1990)
[89] See K Marx and F Engels, *The Communist Manifesto* (Penguin Classics, January 1998)
[90] S Dolgoff, *The Anarchist Collectives: Workers' Self management in the Spanish Revolution, 1936-1939* (Black Rose Books, Montreal-New York, 1996)
[91] S Estrin, *Self management: Economic Theory and Yugoslav Practice* (Cambridge University Press, 1983)

industry, particularly in Japan, and is now highly prevalent in the Information Technology (IT) industry.[92]

In the context of this thesis, self management is defined as:

> 'A form of workplace health and safety decision making in which the workers themselves agree on choices, without direct management influence.'

Although worker self management is presented as the strongest form of worker involvement within the spectrum of worker involvement in safety and health, its success relies upon numerous factors which are discussed subsequently.[93] Notably, the practical implementation of self management requires individuals with the competency to make important decisions. This requirement makes self management more suitable for implementation in the major hazard industries, where competency levels may be higher through the implementation of competency assessment and assurance programmes.[94]

The spectrum of worker involvement in safety and health refers to self management being achieved through the implementation of self managed teams. A self managed team is a group of competent professionals with the power to make decisions relating to health and safety without the need to always defer to the management prerogative. It is this approach which enables organisations to respond to change more effectively and assist in developing a highly robust organisational culture. Further discussion takes place in Chapter 3 with regards to the potential for self managed teams to generate a positive impact upon health and safety performance, along with critical analysis in Chapter 8 as to how self managed teams can be implemented in practice.

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[92] DE Yeatts and C Hyten, *High Performing Self managed Work Teams: A Comparison of Theory to Practice* (Sage Publications, 1998)

[93] See Chapter 8 for a detailed discussion on self management and the practical implementation of self managed teams

[94] Health and Safety Executive, *Competence Assessment for the Hazardous Industries* (HSE Books, Research Report 86, 2003)

### *2.3.6 Empowerment*

An intriguing and complex question arises as to where worker *empowerment* sits within the approaches to worker involvement identified above? The whole concept of empowerment hinges on interpretations of power and how empowered workers actually are when worker involvement schemes are implemented. Essentially, worker involvement in any organisation is all about power and control, and more importantly, how power and control should be divided.[95] Traditionally, power and control rest with management. However, as workers exert increasing influence on management, essentially they are becoming more empowered.

At the one end of the spectrum of worker involvement in safety and health, workers are informed of decisions by management telling them what has been done. At this level workers are generally not empowered, in the sense that they have no control of health and safety decision making in the workplace. As worker involvement gradually increases, workers become more empowered up until the final stage of self management, where management is essentially delegating functions and passing control to the worker.[96] However, even where weaker forms of worker involvement are present in an organisation, it is possible to train workers to become more empowered and confident in raising health and safety issues.[97]

In consideration of these comments, empowerment is given the following definition in the context of the thesis:

> 'The degree of autonomy possessed by workers to make decisions relating to health and safety within their job role.'

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[95] T Kellerl and F Dansereaul, *Leadership and Empowerment: A Social Exchange Perspective* (1995) Human Relations 48 (2) 135

[96] Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006)

[97] See TM Lippin, A Eckman, CR Calkin and TH McQuiston, *Empowerment-Based Health and Safety Training: Evidence of Workplace Change from Four Industrial Sectors* (2000) American Journal of Industrial Medicine 38 (6) 700 and N Wallerstein and M Weinger, *Health and Safety Education for Worker Empowerment* (1992) American Journal of Industrial Medicine 22 (5) 630

The concept of empowerment relates to how much autonomy workers feel they have in their jobs, but more importantly the degree of confidence possessed by workers within their job roles, to raise health and safety shortcomings.[98] The benefits and limitations of worker involvement in safety and health are discussed in detail in Chapter 3, however research indicates that when employees are more empowered with specific and reasonable responsibilities, authority and goals, that they tend to work more safely.[99]

### *2.3.7 Continuous Improvement*

The spectrum of worker involvement in safety and health is a progressive model, overlaid by a requirement for *continuous improvement*, in which weaker forms of worker involvement can develop into stronger forms of involvement. This progression is not a natural process, requiring management to ensure that the appropriate mechanisms are in place to support the level of involvement. For example, for an organisation to progress from consultation to participation, arrangements need to be made by management to facilitate the participation of workers in the various components of an occupational health and safety management system. Chapter 9 considers how this is achieved in practice, through the implementation of the model for managing worker involvement in safety and health.

As progression occurs in the spectrum from weaker to stronger forms of worker involvement there is a movement from a top down to a bottom up approach. The stronger forms of worker involvement in safety and health are driven by workers, as opposed to management. In the context of the research, the concept of continuous improvement involves continually looking at ways of developing a bottom up approach to health and safety decision making. Subsequent discussion demonstrates how this can be realised, through the implementation of participative approaches and self managed teams, which have the ultimate intention of being driven by employees. It should be

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[98] R Hechanova-Alampay and TA Beehr, *Empowerment, Span of Control, and Safety Performance in Work Teams After Workforce Reduction* (2001) Journal of Occupational Health Psychology 6 (4) 280

[99] H Cohen and R Cleveland, *Safety Program Practices in Record-Holding Plants* (1983) Professional Safety 26

noted however, that as one form of worker involvement in safety and health progresses into the next, this does not mean that the previous form of involvement no longer exists in an organisation. As is shown in Chapter 8, for worker involvement in safety and health to have a positive impact upon health and safety performance, often a variety of different forms of worker involvement exist in an organisation. It is important to recognise that different situations require different forms of involvement and often a range of measures is required to generate significant improvements in health and safety performance.

## 2.4 Conclusions

The clarification of key terminology in this Chapter is important from a philosophical perspective and for practical reasons. Successful application of worker involvement in safety and health practices in the workplace relies upon a sound understanding of these terms. In order to bring about a change and improvement in any area of business an understanding of the existing status and desired outcome is imperative. Organisations therefore need to identify the prevailing type of worker involvement in safety and health, in order to determine how to progress towards stronger forms of involvement.

A spectrum of worker involvement is identified that spans from the provision of information, at the lowest level, up to self management at the highest level, a concept which embraces worker control in organisational decision making. All of these forms of worker involvement may be present in an organisation, however the Chapter presents the argument that organisations should attempt to progress from what have been defined as weaker to stronger forms of worker involvement. The argument that stronger forms of worker involvement in safety and health are more effective in improving health and safety performance is examined in the next Chapter, with an evaluation of the benefits and limitations associated with worker involvement in safety and health.

# 3 THE BENEFITS AND LIMITATIONS OF WORKER INVOLVEMENT IN SAFETY AND HEALTH

One of the underlying premises of the thesis is that there are significant benefits associated with worker involvement in safety and health practices. These benefits are sufficient to justify attempts by organisations to actively promote the involvement of workers in health and safety decision making. This Chapter provides an analysis of these benefits, along with the limitations associated with the implementation of worker involvement in safety and health. A critical discussion on why organisations should look to actively engage workers in health and safety decision making is presented. This includes an examination of the business case for worker involvement in safety and health, as it is sometimes difficult to encourage management to involve the workforce in health and safety issues, unless they perceive that there are financial benefits from doing so. Chapter 3 establishes a rationale for the implementation of worker involvement in safety and health, particularly the stronger forms of worker involvement, identified in the previous Chapter. The barriers to worker involvement in safety and health are also addressed and the difficulties that organisations face in involving workers in health and safety management are examined. An understanding of these limitations is important in order to recognise the factors that need to be in place to support effective worker involvement.

In order to gain a comprehensive insight into the benefits and liinitations of worker involvement in safety and health, literature is drawn from a wide range of secondary sources; including peer reviewed academic journals, relevant 'grey literature'[100] and policy documents. In particular, the Health and Safety Executive (HSE) and Health and Safety Laboratory (HSL) have produced a number of research reports, which explore the rationale for worker involvement in safety and health. Particular effort is made in the Chapter to identify and discuss any studies that evaluate, both qualitatively and quantitatively, the impact of worker involvement practices on health and safety

[100] References and evidence sourced from health and safety periodicals are referred to as grey literature, as a means of distinguishing them from published academic articles in refereed journals

performance. However, although there is a reasonable quantity of literature on worker involvement, particularly in the area of organisational management, there are very few case studies that include the actual evaluation of worker involvement and its impact on health and safety outcomes. Nevertheless, despite this problem, it is argued that sufficient evidence does exist to support the case for worker involvement in safety and health.

## 3.1 The Benefits Associated with Worker Involvement in Safety and Health

The benefits associated with worker involvement in safety and health have been a topic of investigation and debate for several decades. Much of the interest in the UK stems from recommendations for changes to the regulation of health and safety, as outlined in the Report of the Committee of Inquiry on Safety and Health at Work (otherwise known as the Robens Report).[101] A fundamental recommendation of the report was to shift the emphasis away from government imposed control to self-regulation, requiring that employers and their employees should collaborate to bring about safer working environments. However, despite the requirements for worker involvement in safety and health, eventually enshrined in health and safety legislation following the Robens Report,[102] the HSE has adopted a relatively conservative stance to promoting the amendment of statutory provisions for worker involvement in safety and health. Nevertheless, the HSE had consistently promoted worker involvement as a way of generating improvements in health and safety performance in guidance and best practice.

Existing literature suggests that there are three main reasons for the involvement of workers in decision making. These are to generate potential improvements in psycho-social and organisational development; to identify production and efficiency gains; and to address relevant legal or ethical considerations.[103] Legal requirements for worker involvement in safety and health are evaluated in Chapter 4. Discussion of the other

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[101] A Robens, *Report of the Committee on Safety and Health at Work* (London, HMSO, 1972)
[102] The Robens Report led to the introduction of the Health and Safety at Work etc. Act 1974
[103] P Shearn, *Workforce Participation in the Management of Occupational Safety and Health* (HSE Report No. ERG/04/01 London 2004)

reasons put forward in the literature forms the basis for this Chapter. The analysis begins with a discussion of the existing research illustrating the general benefits associated with all forms of worker involvement in safety and health, before moving on to evaluate specifically the impacts on health and safety performance associated with the different forms of worker involvement identified in Chapter 2.

Commentators refer to psycho-social and organisational development as one of the main motivating factors for promoting worker involvement in safety and health.[104] On the whole, these perspectives address the management of organisations and the propensity for worker involvement to overcome some dysfunctional problems within them.[105] In this respect, with reference to the management of occupational health and safety, worker involvement has been shown to bring about improvements in social learning and industrial relations, along with improved commitment and job satisfaction. In relation to social learning, the workforce possesses knowledge about their job and working conditions and may have insights into how these factors impact on their health and safety. In particular, they may have greater awareness of hazards in their local domain than management. Indeed, workers tend to be more aware of practical problems and common workplace short-cuts compared to management, who may be somewhat dislocated from on-site activities.[106]

Worker involvement in safety and health ensures that useful information known to the workers, at lower levels is passed upwards with resultant improvements in knowledge distribution and acquisition.[107] Furthermore, worker involvement in decision making has the potential to generate greater understanding on behalf of the workers. For example, the workforce can develop a fuller grasp of methods used in accomplishing tasks, or a more thorough understanding of the reasons for organisational change, decisions and policies. Additional improvements in social learning can also be achieved where workers

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[104] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41)
[105] P Shearn, *Workforce Participation in the Management of Occupational Safety and Health* (HSE Report No. ERG/04/01 London, 2004) 3
[106] DR Biggins and TH Farr, *Occupational Health and Democratisation of Work. Part 2: Challenges for Unions* (1988) The Journal of Occupational Health and Safety – Australia and New Zealand 4 (4) 310
[107] TJ Peters and RH Waterman, *In Search of Excellence* (Harper and Row, New York, 1982)

are encouraged to provide feedback, or formally participate in the development of health and safety programmes.[108] Through these processes of social learning and fostering of co-operative relationships between workers and management, it is perhaps not surprising that worker involvement in safety and health has also been reported as having the potential to improve industrial relations.[109]

The motivational effects of worker involvement, in terms of improved commitment and job satisfaction, have been widely discussed by sociologists and behavioural scientists.[110] Although there is little in the way of an examination of these benefits in the literature relating to occupational health and safety, it is assumed that worker involvement in safety and health practices can help workers become more clearly involved as stakeholders, and therefore more committed to health and safety management.[111] This is also coupled with less resistance to organisational change. It is suggested that the involvement of the workforce in health and safety decision making, particularly consultation on proposed changes, can generate greater trust on the part of the workers,[112] and increased levels of job satisfaction.[113] If workers feel that their ideas and opinions are valued, it is fair to assume that they will ultimately exhibit higher levels of motivation and loyalty to the organisation. Subsequent analysis also indicates that improvements in worker commitment and job satisfaction can generate economic benefits, through a reduction in accidents and work related ill health.

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[108] This issue is considered in greater depth in Chapter 7, in the context of Behaviour Based Safety (BBS) programmes

[109] M Marchington, *Employee Involvement in Britain: Voluntarism and Diversity* (Managing Together? Consultation and Participation in the Workplace, E Davis and R Lansbury (eds) Longman Cheshire, Melbourne, 1996)

[110] See V Smith, *Worker Participation: Current Research and Future Trends* (Research in the Sociology of Work, Volume 16, Elsevier, 2006), P Spector, *Perceived Control by Employee: A Meta-Analysis of Studies Concerning Autonomy and Participation at Work* (1986) Human Relations 39 (11) 1012 and W Hollway, *Work Psychology and Organizational Behaviour: Managing the Individual at Work* (Sage Publications Ltd, London, 1991)

[111] Health and Safety Executive, *Involving Your Workforce in Health and Safety* (HSE Books, HSG 263, 2008) 8

[112] EL Cass and FG Zimmer, *Man and Work in Society* (Van Nostrand-Reinhold Company, New York, 1975)

[113] JV Johnson and G Johansson, *Organization, Democratization and Health* (The Psychosocial Work Environment, Baywood, New York, 1991)

From a moral perspective there is a strong argument that workers should be involved in health and safety decision making. The HSE even go as far as identifying worker involvement as a cornerstone of civilised society.[114] Health and safety is something which affects all workers and as a result there is a humanitarian obligation to ensure that some degree of input from the workforce is facilitated. Chapter 6 proposes that weaker forms of worker involvement, namely information and consultation, are regarded by some commentators as fundamental human rights. However, from a moral perspective, it is perhaps questionable whether the provision of information and consultation allows workers sufficient influence upon organisational decision-making? Recognition of the fact that both the UK Government and International Labour Organization (ILO) have advocated statutory requirements for information and consultation, suggests these legal frameworks established for worker involvement in safety and health barely satisfy the moral duty of care. During the literature review conducted for this Chapter, no existing research on the morality of worker involvement in safety and health could be sourced. This is somewhat of a philosophical debate, but it should be noted that the moral obligation provides an important foundation as to why any organisation should look to involve workers in health and safety.

## 3.2 The Business Case for Worker Involvement in Safety and Health

For an organisation to actively involve workers in health and safety decision making directors and managers need to be convinced that there is a business case for such initiatives. The traditional view held by management in some organisations is that health and safety is a hindrance that impinges on the profitability of a business.[115] This perception may be founded on the view that the implementation of safety measures costs organisations money, but fails to generate any financial return. Management may also view worker involvement in safety and health in the same way, in that it may not generate any substantial return on the investment made on training and other

[114] Health and Safety Executive, *A Strategy for Workplace Health and Safety* (HSE Books, MISC643, C100 02/04)
[115] Health and Safety Executive, *Perceptions of the Cost Implications of Health and Safety Failures* (HSE Books, Research Report 403, 2005)

interventions. One of the challenges the safety practitioner may have to face is trying to convince management that worker involvement in safety and health does generate added value for the business. Previous organisational specific case studies on health and safety improvements have tended to focus on the direct and indirect costs of accidents and work-related ill health,[116] and these studies are of relevance when presenting a business case for worker involvement in safety and health. Importantly, the indirect costs of accidents and ill health associated with bad publicity, reputational damage and loss of future business are identified in these studies as significantly outweighing the direct costs associated with an accident, which include damage to assets and further costs that are often covered by insurance.

The impact of worker involvement in safety and health on accident and ill health figures, considered in the next section, supports the business case for worker involvement in safety and health. This case presents worker involvement practices as a way of reducing the indirect costs associated with lost time, reduced efficiency, lower quality and quantity of production, absenteeism, high turnover of staff and increased labour unrest. Interventions to improve the management of health and safety risks are advantageous to the economic performance of a company, providing the benefits acquired outweigh the implementation costs associated with worker involvement practices.[117] It should be noted that one of the most commonly cited drivers for health and safety improvements in any organisation is the development of a good reputation.[118] Reputational damage is recognised as another indirect cost associated with poor health and safety performance. Involvement of the workforce in health and safety decision making can develop an organisation's reputation, by helping to develop a positive organisational culture, which communicates the importance of health and safety to relevant stakeholders.[119]

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[116] Health and Safety Executive, *The Costs of Accidents at Work* (HSE Books, HSG 96, 1997)
[117] See J Mossink and F Licher (eds), *Costs and Benefits of Occupational Safety and Health* (Conference Proceedings, The Hague, Amsterdam, NIA-TNO 28-30 May 1997) and M Oxenburgh, *Increasing Productivity and Profit through Health and Safety* (CCH International, 1991)
[118] Health and Safety Executive, *Perceptions of the Cost Implications of Health and Safety Failures* (HSE Books, Research Report 403, 2005)
[119] Health and Safety Executive (HSE), *The Health and Safety of Great Britain: Be Part of the Solution*, (HSE Strategy Statement, C100 06/09)

There is a growing body of evidence suggesting that improved occupational health and safety performance can have a positive impact on quality and productivity in the workplace.[120] Direct links have been made, for example, between the removal of hazards and improved levels of productivity.[121] Although less information is available regarding productivity improvements that may be directly associated with the implementation of worker involvement in safety and health practices, numerous related inferences have been made in existing published research.[122] It has been argued that worker involvement in safety and health has the potential to improve productivity and efficiency through the questioning and testing of various options and assumptions.[123] This assertion is backed up by research collated by the HSE,[124] demonstrating that workers who are involved are more committed and feel more valued. This is reflected in greater job satisfaction and worker commitment, which can in turn generate economic benefits. The financial benefits of worker involvement in safety and health are closely associated with improvements in employee motivation and social learning, and in some cases identified as a correlate. Worker involvement in safety and health also has the potential to affect increases in innovative behaviour and economic efficiency, with research identifying that worker involvement practices can be associated with higher levels of motivation and performance, fewer intentions to quit and lower turnover.[125] However, most authors[126] agree that the effectiveness of worker involvement in safety and health depends on a number of contextual factors, which are discussed later in the Chapter.

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[120] See Health and Safety Executive, *Six SME Case Studies that Demonstrate the Business Benefit of Effective Management of Occupational Health and Safety* (HSE Books, Research Report 504, 2006)

[121] M Oxenburgh, *Increasing Productivity and Profit through Health and Safety* (CCH International, 1991)

[122] See L Grunberg, *The Effects of the Social Relations on Production and Productivity and Workers' Safety* (1995) International Journal of Health Services 13 (4) 625 and M Simard and A Marchand, *A Multi-level Analysis of Organizational Factors Related to the Taking of Safety Initiatives by Work Groups* (1995) Safety Science 26 210

[123] P Bohle and M Quinlan, *Managing Occupational Health and Safety* (MacMillan, Sydney, 1993) 435

[124] Health and Safety Executive, 'Research' < http://www.hse.gov.uk/involvement/research.htm > accessed 20 July 2010

[125] PE Spector, *Perceived Control by Employees: A Meta-Analysis of Studied Concerning Autonomy and Participation at Work* (1986) Human Relations 39 1006

[126] See P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41) and Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

A further important aspect of modern business is that organisations are now operating in an increasingly turbulent economy, influenced by recessionary pressures and cost-cutting requirements.[127] In this type of economy, it is important that organisations can adapt to change, in order to maintain a competitive advantage. It is the organisations which exhibit resilience within their culture that are able to survive the influence of significant internal and external factors. The business case for worker involvement in safety and health has been linked to this organisational need to embrace change, with research showing that the management of occupational health and safety is more successful when it involves workers and their representatives, than when it is pursued unilaterally by management.[128] When an organisation devolves decision making to the workforce and allows workers to make decisions without always having to default to the management prerogative, this creates opportunities for workers to anticipate and address problems, without needing to seek approval for decisions. This is the essence of a highly versatile organisational culture, one that is dynamic, where risks can be identified, assessed and controlled by the workforce, creating an operational environmental that is able to respond quickly to significant changes.

## 3.3 The Benefits Associated with the Different Forms of Worker Involvement in Safety and Health

In Chapter 2, a typology of worker involvement in safety and health is presented, showing a progression from weaker to stronger forms of worker involvement. The following sections propose an argument that the stronger forms of worker involvement are associated with a more profound influence on health and safety performance, than the weaker forms of involvement. It should be noted however, that the provision of information is excluded from this analysis, as this form of involvement is regarded as weak, acting as a foundation for other forms of worker involvement in safety and health.

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[127] BBC News, 'UK in Recession' (24 September 2010) <http://news.bbc.co.uk/2/hi/in_depth/business/2008/downturn/default.stm> accessed 28 September 2010

[128] J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)

In addition, there is a negligible amount of literature focused solely on the impact of the provision of information on health and safety performance.

A specific point for consideration at this stage is the existence of a number of methodological problems constraining empirical studies on the impact of worker involvement on health and safety performance. One of the main problems is the difficulty in distinguishing between the different causes of improved health and safety performance. It is difficult to isolate a specific causal link between worker involvement initiatives and improved health and safety performance, as there are so many variables that exist in an organisation with the power to influence health and safety performance. It is therefore important that care is taken not to make generalisations regarding the effectiveness of various forms of worker involvement in safety and health. Nevertheless, through the presentation of sufficient credible evidence, a picture can emerge as to the potential benefits to be acquired from the implementation of different forms of worker involvement in the field of health and safety management.

### *3.3.1 Consultation*

The majority of existing research into the impact of worker involvement on health and safety performance has been associated with consultation, particularly in those organisations with trade union recognition. Research illustrates that the dialogue promoted through consultative arrangements can help to reduce injury rates.[129] Furthermore, there is evidence that trade union safety representatives, through their empowered role in consultation, promote improved levels of compliance.[130] The most notable literature on this matter in the UK is the research conducted by Reilly et al.[131] This study used data from the British Workplace Industrial Relations Survey 1993, including employer's estimates of injury rates, to examine the relationship between

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[129] AS Litwin, *Trade Unions and Industrial Injury in Great Britain* (LSE, Centre for Economic Performance, 2000)

[130] N McDonald and V Hrymak, *Safety Behaviour in the Construction Sector* (HAS/HSE Northern Ireland, 2000)

[131] B Reilly, P Paci, and P Holl, *Unions, Safety Committees and Workplace Injuries* (1995) British Journal of Industrial Relations 33 (2) 280

different types of health and safety consultation and the injury rates in manufacturing establishments. The economic model in this research led to estimates on injury rates per 1000 for two different scenarios; one with consultative arrangements on health and safety and one where management deals with health and safety without any consultation. The most compelling finding in the study was a rate of 10.6 per 1000 where managers do not consult workers on health and safety, compared with a rate of 5.7 injuries per 1000 where trade union appointed committees were in place.

Despite the fact that this research is widely cited by health and safety specialists in support of worker involvement in safety and health,[132]subsequent attempts to replicate these findings have not proved successful. Notably, subsequent research conducted by Hillage et al,[133] gave mixed results, despite applying the same methodology to all industries. When compared to the workplaces with no employee representation (14.9 per 1000), the research shows that specific trade union appointed health and safety committees are associated with higher rates of injury (18.0 per 1000), although general health and safety committees with members appointed by trade unions, are associated with lower rates of injury (9.0 per 1000). One of the explanations provided in the research for this discrepancy is that specific health and safety committees are often set up in higher risk industries, where injury rates could plausibly be greater. Indeed, it has been argued that historically unions have evolved in industries with notorious health and safety records, making the improvement of injury rates more achievable.[134] Further research[135] has indicated similar inconsistencies with respect to injury rates when evaluating the benefits of consultative arrangements. However, it has been shown that

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[132] Notably Professor David Walters who has conducted considerable research into the benefits of worker involvement in safety and health

[133] Health and Safety Executive, *Workplace Consultation on Health and Safety* (Contract Research Report 268, HSE Books, 2000)

[134] AS Litwin, *Trade Unions and Industrial Injury in Great Britain* (LSE, Centre for Economic Performance, 2000)

[135] DR Walters, *Trade Unions and the Effectiveness of Worker Representation in Health and Safety in Britain* (1996) International Journal of Health Services 26 (4) 630

effective worker involvement is more apparent in workplaces where unions provide support to workers.[136]

Although there is clearly mixed opinion with respect to the 'union effect' on health and safety performance, it should be recognised that in the UK the majority of organisations do not have a workforce represented by trade unions.[137] It is therefore important, to address the impact of consultation on health and safety performance in non-unionised workplaces. In 2005, the Health and Safely Laboratory (HSL) conducted research on consultation relating to health and safety management in non-unionised workplaces, involving a series of comparative case studies at eight workplaces.[138] The research was undertaken with the objective of identifying consultative processes in non-unionised workplaces, along with the barriers to worker involvement and prerequisites for effective involvement. Overall the research identified that consultative arrangements were commonly present in non-union represented workplaces, often with stronger forms of worker involvement in safety and health being found.

Most of the workplaces studied had arrangements compliant with the requirements of the Health and Safety (Consultation with Employees) Regulations 1996 (discussed in Chapter 4). All the organisations had meetings where health and safety was discussed as an agenda item. Employee consultation on health and safety was generally restricted to employee representatives, however in some cases a selection of employees were involved. The research also determined that the sites with a dedicated health and safety officer tended to have a more progressive stance to worker involvement, as the officer helped to raise awareness of health and safety issues and increase the likelihood of worker involvement in safety and health. For the most part, methods of involvement were conventional, notably safety committees and team briefings. However, in a limited number of cases, innovative examples were discovered including hazard identification

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[136] M Ochsner and M Greenberg, *Factors which Support Effective Workers' Participation in Health and Safety: A Survey of New Jersey Industrial Hygienists and Safety Engineers* (1998) Journal of Public Health Policy 19 (3) 355

[137] C Barret, *Trade Union Membership 2008* (National Statistics Publication, Department for Business, Enterprise and Regulatory Reform, 2009)

[138] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41)

reporting systems, incentive schemes, behavioural initiatives and near-miss mapping plans. It is notable that, of the companies that provided accident data, ongoing improvements were identified in accidents rates, with improvements being identified by the organisations as being partly attributable to improvements in worker involvement in safety and health.

Despite the reasonably high levels of consultation identified on most sites, the HSE research did note that there was no evidence that workers had requested or initiated stronger forms of worker involvement in safety and health, for example participatory arrangements.[139] This was an interesting finding and possibly a characteristic of contemporary non-unionised workplaces. Given the historical association between representative structures and trade unionism in the UK, it is apparent that non-union representatives do not enjoy the same level of protection that union representatives have, and as a result may perceive themselves less resourced and trained than their union counterparts. Furthermore, it has been argued that across a non-unionised workforce there is often not the same level of organisational structure, resulting in outcomes being based more on co-operation than collective bargaining.[140] The research should be treated with a degree of caution however, as the sample represents a small proportion of non-unionised workplaces, from a narrow selection of industrial sectors in the UK.

### *3.3.2 Participation*

Although previous discussion indicates that evidence does exist in relation to the benefits of consultation as a form of worker involvement in safety and health, little rigorous research exists on the impact of worker participation on health and safety performance. There is a sizeable body of research concerning worker participation and its relationship with other organisational goals, such as productivity and efficiency gains. However, the temptation should be avoided to correlate these successes with improvements in health

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[139] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/42)

[140] M Terry, *Systems of Collective Employee Representation in Non-Union Firms in the UK* (1999) Industrial Relations Journal 30 (1) 20

and safety performance. One of the upshots of participation, and a motivator for increased levels of participation, is the discovery and dissemination of task-relevant knowledge. As noted previously in the Chapter, it is often employees who know more about how to do their jobs effectively than managers. Therefore, including shop-floor workers in the decision making process is viewed as enabling leaders or managers to make better decisions than they would do alone. Although this intuitively appears to be the case, no substantial research exists to establish this association in the area of worker participation in occupational health and safety management. Likewise, it is widely held that participation can improve workers' commitment to change. Again, the evidence of this effect is not substantiated in occupational health and safety research.

Despite the negligible amount of published literature and research evaluating the impact of worker participation on health and safety performance, a number of key findings can be drawn from relevant case studies. These studies usually involve a small number of workplaces and their employees, and provide predominantly anecdotal evidence of the outcomes of worker participation in the management of occupational health and safety. In particular, the HSE website includes numerous references to case studies demonstrating successful examples of worker involvement, across a diverse range of industries and sectors. Many of these case studies cite examples where workers have actively participated in the management of health and safety, along with the improvements in health and safety performance that have been associated with these interventions. Discussion on the findings of these case studies helps to clarify some of the potential benefits associated with worker participation in health and safety.

One particular study at a nuclear fuel fabrication facility refers to a number of examples of worker participation, including the implementation of a behavioural safety programme and involvement of workers in incident and accident investigations.[141] During the period of time that these measures were implemented, the site achieved 205 days without a lost-time injury, the best record the facility had achieved this century. The site also noticed a

[141] Health and Safety Executive, 'Case Study: Springfield Fuels' <http://www.hse.gov.uk/involvement/casestudies/springfield.htm> accessed 17 June 2010

significant increase in near-miss reporting on site. A second case study in the Electronics industry identified similar improvements in health and safety performance through the implementation of worker participation initiatives.[142] In this example, a number of workers were given training and appointed as health and safety co-ordinators in assembly areas, with the intention of involving these individuals in the planning and operation of health and safety measures. These co-ordinators were given responsibility for health and safety in their area, including participation in the management of health and safety through conducting risk assessments and auditing of health and safety arrangements. The resultant impact on health and safety performance was the achievement of very low lost-time accident rates over a period of time, with the occurrence of serious accidents becoming an extremely rare event. The final case study worthy of note is based on a Dockyard that used a number of initiatives to get the whole workforce involved in health and safety.[143] The interventions included the introduction of a 'Safety Culture Team', including industrial health and safety representatives and representatives from the workforce. This group became pro-actively involved in the management of health and safety, including procurement decisions relating to personal protective equipment and undertaking risk assessments. The improvements promoted by this group along with other associated methods of worker participation, helped to facilitate a positive change in the organisational culture, evidenced by a 35% reduction in the number of accidents and a 3% reduction in sickness absence. In addition, during this time, the business also recognised an increase in profits by 8%.

All of these examples of worker participation provide evidence that workers show more interest and enthusiasm for health and safety when they are empowered. Essentially, worker participation makes every worker on site a safety advisor, often with powers to make changes and stop the job if they consider it to be unsafe. This level of empowerment can help to facilitate a zero tolerance approach to working in unsafe

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[142] Health and Safety Executive, 'SELEX Sensors and Airborne Systems UK Case Study' (December 2005) <http://www.hse.gov.uk/involvement/selex.pdf> accessed 17 June 2010

[143] Health and Safety Executive, 'Case Study: Devonport Docks' <http://www.hse.gov.uk/involvement/casestudies/devonport.htm> accessed 18 June 2010

environments.[144] Further case studies demonstrating the impact of worker participation upon health and safety performance can be found on the website for the HSE's Worker Engagement initiative.[145] This particular scheme in the construction industry is aimed at trying to achieve a step change in the culture of the construction industry, from the minimum level of workforce consultation to a point where workers fully participate in the process of health and safety management on site. Again, these case studies demonstrate that worker participation has the potential to generate reductions in rates of work related accidents and ill health.

At the beginning of the Chapter, it is noted that evidence does exist on the benefits of workforce participation in other areas of organisational management, notably quality management. Brief discussion on the findings of this research is applicable to the thesis as quality management is widely regarded as a discipline closely linked to occupational health and safety, illustrated by the fact that many organisations now look to combine their quality, environmental and health and safety management systems into an Integrated Management System (IMS).[146] Although alignment of these management systems is not always seamless, the commonalities that exist between these systems allow relatively effective integration in most cases.[147] Historically, worker involvement was not seen as a prerequisite for successful quality management, in a similar fashion to health and safety management. Early theories relating to quality management focused on mass production, repetitive work practices and standardisation as ways of improving quality.[148] However, over time as scientific and statistical techniques began to generate greater distrust and dissatisfaction from the workforce and other countries, notably Japan, began to take a lead in quality management improvements, it was recognised that a change of course was

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[144] G Brown, *Genuine Worker Participation – An Indispensable Key to Effective Global OHS* (2009) Environmental and Occupational Health Policy 19 (3) 325

[145] Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/index.htm> accessed 20 July 2010

[146] S Karapetrovic, *Musings on Integrated Management Systems* (2003) Measuring Business Excellence 7 (1) 8

[147] For discussion on the factors important for successful integration of separate management systems see G Wilkinson and BG Bale, *Integrated Management Systems: An Examination of the Concept and Theory* (1995) TQM Magazine 11 (2) 102

[148] See FW Taylor, *Scientific Management* (Harper Bros, New York, 1911)

required. This change was characterised by the participation of the workforce in decision making on quality issues.

During the 1980s, in striving to achieve total quality, the Japanese used what were termed 'quality circles'.[149] These were small groups of five to ten workers who met regularly to discuss problems associated with quality, to try and identify problems and actions necessary to rectify these issues. Many western organisations witnessed how the Japanese approach towards quality management improved the satisfaction and loyalty of employees and had positive effects upon performance. Firms around the world followed suit and attempted to transplant the Japanese modes of worker participation into their organisations. The UK experimented with quality circles, but rapidly became disenchanted with their ineffective results.[150] The Japanese quality circles are the equivalent of what became known in the UK as Total Quality Management (TQM). TQM attempts to improve quality, reduce costs and increase productivity.[151] Certain features of TQM have implications for employee participation in health and safety and are worthy of reference. TQM incorporates a process of improvement where managers attempt to ensure that everyone is involved in decision making processes. Teamwork is a key feature of TQM, with all employees participating and working together to meet customer needs. The theory behind TQM and indeed many of the mechanisms of worker involvement, is that increased empowerment generates greater levels of motivation amongst the workforce, and a desire to bring about improvements in organisational performance.

Despite the success of quality circles in Japan and the theoretical benefits of these Japanese hybrids, many of the attempts to transplant eastern mechanisms of worker involvement in the UK have not been successful. One of the main problems identified in relevant research is that the effectiveness of worker involvement in Japan is deeply

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[149] Safety circles are a descendant from quality circles, with their functioning being discussed in Chapter 8

[150] D Jennings, *Decision Making: An Integrated Approach* (Financial Times, Prentice Hall, 2nd Edition, 1998) 83

[151] J Thompson, *Strategic Management: Awareness, Analysis and Change* (Thompson Learning, 5th Edition, 2005)

entrenched in the culture of the country.[152] In Japanese organisations there are cultural characteristics, such as respect for authority, self-restraint, co-operation, and motivation, which are not always apparent in UK organisations. In consideration of these cultural differences, it is not surprising that attempts to transplant mechanisms of worker participation from Japan, particularly into the UK automotive industry, brought about only limited success. In Chapter 6 an international review of worker involvement in safety and health is presented and the lessons from Japan illustrate that care must be taken when attempting to transplant successful management practices from one country to another, where social, political and economic factors may vary.

### *3.3.3 Co-determination*

In countries such as Germany and Sweden, co-determination arrangements exist where significant health and safety decisions can be taken by management only if they are agreed to beforehand by a works council, or in Sweden through joint health and safety committees. When looking at the impact of co-determination arrangements, it is necessary to consider the role of works councils in improving business performance. However, care must be taken in coming to general conclusions on the effects of works councils, since their structures vary greatly both in and between countries. As with some of the other forms of worker involvement in safety and health, there is a lack of existing published literature, relating to the impact of co-determination and works councils on health and safety performance. The majority of existing literature relates to the potential impacts on profitability, productivity, communication and the quality of decision making. However, it is worthwhile considering these benefits, and making suggestions as to how co-determination and works councils can potentially influence health and safety performance.

With regards to profitability, there is little evidence to support the assertion that works councils promote economic prosperity. However, they have been identified as a way of generating productivity improvements, which is arguably synonymous with increased

[152] JE Ross, *Japanese Quality Circles and Productivity* (Prentice Hall Trade, 1982)

profit. It has been suggested that carefully designed works councils can enhance the employee voice and improve productivity, with further evidence that real efficiency gains, in terms of productivity and job satisfaction, can be acquired through the implementation of works councils.[153] Most of these benefits are associated with the communication flow and exchange of information between management and workers, facilitated through works councils.[154] Exchanging information has several positive effects, including the reduction of information imbalance between managers and workers, more efficient working arrangements and management of change in industry. This exchange of information can increase trust between the management and workforce, something which has previously been recognised as a benefit associated with other forms of worker involvement in safety and health. Although these are undoubtedly wider organisational benefits, there does appear to be some crossover between these benefits and potential developments in health and safety performance.

Co-determination arrangements have been cited in Germany as one of the fundamental reasons for significant reductions in the number of accidents and cases of work related ill health, with evidence indicating that the number of accidents at work in the Federal Republic of Germany has almost halved over the past 25 years.[155] The correlation between co-determination and improved health and safety performance could be been put down to research that argues co-determination improves the quality of decision making.[156] When there is a question of technical change, works councils often seek advice from an independent expert to inform them on the scope of the change. This could include the introduction of new technology which could have health and safety implications. The expert gives advice on problems or issues which either the works council or the employer may not discern. In essence, these arrangements can help

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[153] MM Kleiner and YM Lee, *Works Councils and Unionization: Lessons from South Korea* (1997) Industrial Relations 36 (1) 10

[154] C Schnabel, *Trade Unions and Productivity: The German Evidence* (1991) British Journal of Industrial Relations 29 (1) 20

[155] M Biagi, *From Conflict to Participation in Safety: Industrial Relations and the Working Environment in Europe* (1990) The International Journal of Comparative Labour Law and Industrial Relations 6 (2) 70

[156] B Freeman and P Lazear, *An Economic Analysis of Works Councils* (in J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)

management to make good decisions.[157] Although co-determination may slow down decision making, the delays arising from the temporary veto process given by co-determination to employees, prevents management from making narrow, short-term responses, which may not always be in the interest of the workforce.[158] It has also been argued that co-determination helps to contribute to improvements in organisational performance, as is makes decision-making more open and removes prejudices.[159] In summary, the proposition presented from this evidence is that co-determination leads to better decision making and consequently to improved health and safety performance.

### *3.3.4 Self Management*

A recurring argument in the thesis is that responsibility for safety should be held by operational staff, rather than solely by management, or a specialist safety function. Indeed, many hazards, unsafe acts and conditions are best uncovered by workers themselves. Therefore, the effective management of health and safety requires active worker involvement between operational staff and technical specialists throughout the organisation. Furthermore, research in the UK offshore oil and gas industry has suggested that team leaders who effectively manage health and safety are those who elicit worker involvement in planning safe operations.[160]

An early example of the impact of self managed teams on health and safety performance can be found in the UK mining industry in the early 1950s. At this time, coal-mining methods were undergoing significant technological change, in response to theories that redesign of work and organisations could minimise the rate of accidents.[161] Traditional

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[157] J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)
[158] J Rogers and W Streeck, *Workplace Representation Overseas: The Works Councils Story* (in R B Freeman (ed.) *Working Under Different Rules*, New York, Russels Sage Foundation, 1994)
[159] E Overbeck, *Co-determination at Company Level* (W Engels (ed.) Pohl-Hans (ed.) German Yearbook on Business History, Translated by E Martin, New York, Berlin and Tokyo, Springer, 1984) 14
[160] Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)
[161] M Fleming, *Supervisors' Management of Safety* (Paper presented at joint industry/HSE OSD conference on *Understanding Human Factors in the Oil and Gas Industry*, Great Yarmouth, UK, October 1997)

methods involved cohesive teams of multi-skilled, self-managing, interdependent miners working towards common production goals. New mechanised production technology was introduced in the form of an underground assembly line. In addition, at this time, miner's jobs were redesigned along Taylorist[162] principles to simplify and de-skill work, thereby reducing variety. Management assumed responsibility for organising production, with a consequent loss of autonomy for miners. The impacts of these changes were lower productivity, reduced co-operation, higher absenteeism and increased turnover. Due to these negative results, a modified version of the earlier self-managing work group was introduced and later comparison indicated that the new work design led to improvements in output, turnover and absence and notably a reduction in accident rates and stress-related illness.

Self managed teams have been introduced into the mining industry in the US, with the intention of improving safety, job satisfaction and productivity.[163] Self managed autonomous work groups were introduced in one particular case study after the management expressed concerns that improvements in safety performance could not be achieved without increased involvement of the workers in decision making. Following the year long experiment, which included a design phase to optimise technical and social aspects of the coal-mining operation, an interim evaluation was conducted. The evaluation compared the experimental autonomous work groups with non-autonomous working. The autonomous work groups generated a more profound influence on health and safety performance, with fewer safety violations, lower overall incidence of reported accidents and showed positive trends towards reduced costs and improved productivity. A further comprehensive review of these interventions was conducted and it supported the conclusion that the self managed team, through problem solving and team work, had put into effect safety practices that would prevent accidents.[164]

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[162] FW Taylor, *Scientific Management* (New York, Harper, 1911)
[163] EL Trist, GI Susman and GR Brown, *An Experiment in Autonomous Working in an American Underground Coal Mine* (1977) Human Relations 30 (3) 220
[164] P Goodman, *Assessing Organisational Change: The Rushton Quality of Work Experiment* (New York, John Riley and Sons, 1979)

Further examples of the positive impact on health and safety performance associated with the introduction of self managed teams, have been identified in heavy engineering[165] and manufacturing.[166] In each of these cases, significant cost savings were identified, along with reductions in work-related accidents. In addition, case studies have been conducted within the petrochemicals and fine chemicals sectors.[167] In three of the case studies, the companies involved had accumulated sufficient experience to judge the impact of self managed teams on business outcomes, and health and safety performance. Significant commercial benefits were reported, alongside indications of improved job satisfaction. Two companies reported no change in health and safety indicators, whilst the third experienced substantial reductions in lost-time injury rates and sickness absence. Numerous examples were reported in these case studies of how self managed team working led to increased levels of employee involvement in health and safety activities.

## 3.4 The Limitations Associated with Worker Involvement in Safety and Health

The discussion in the first section of the Chapter focuses on the benefits associated with worker involvement in safety and health. However, the problems and limitations associated with worker involvement also need to be addressed in order to present a balanced view of both the benefits and limitations that might flow from worker involvement practices. Without a full understanding of these obstacles, it is probable that attempts to embrace worker involvement in safety and health in an organisation may be met with only limited success. Although the previous evaluation considers the benefits associated with the different forms of worker involvement in safety and health, in this final analysis the limitations are examined from a more general perspective. That being said, comments are made where applicable, to specific limiting factors associated with the different forms of worker involvement in safety and health. The intention of this

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[165] C Pearson, *Autonomous Work Groups: An Evaluation of an Industrial Site* (1992) Human Relations 45 (9) 908

[166] RE Walton, *Work Innovations at Topeka: After Six Years* (1977) The Journal of Applied Behavioural Sciences 13 (3) 430

[167] Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)

critique is to uncover some of the problems which need to be addressed when considering how to promote worker involvement in safety and health.

Existing literature has recognised that the size of an organisation is a significant factor when looking to implement worker involvement in safety and health initiatives. In particular, research shows that where an organisation has a small number of employees it is often difficult to facilitate stronger forms of worker involvement beyond consultation.[168] In addition, the nature of the industry or sector is a key determinant for effective worker involvement in safety and health. HSE research identifies the construction industry as an example of a sector where time pressures, deficiencies in competency levels, and a prevailing 'macho' culture, are recognised as factors which often undermine good intentions of increased levels of worker involvement in safety and health.[169] Overall, the majority of literature reviewed identifies that most of the potential barriers to worker involvement in safety and health are linked to organisational culture. In particular, these barriers include a lack of commitment, competency and communication. Each of these factors is discussed in turn, before general conclusions are drawn on the benefits and limitations of worker involvement in safety and health.

### *3.4.1 Commitment*

The most widely reported finding across the reviewed literature is the beneficial impact of management commitment to worker involvement in safety and health. Senior management need to demonstrate commitment to worker involvement in safety and health initiatives, as they hold ultimately responsibility for the strategic direction of health and safety management and the allocation of necessary resources. This factor, more than any other, is associated with the effectiveness of any initiative being implemented to promote worker involvement, with a wide range of evidence existing to

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[168] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41, 2005)
[169] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

support this claim.[170] A fundamental reason for gaining management commitment is the key role of management in authorising any changes or recommendations that might flow from worker involvement initiatives. Furthermore, senior management commitment to worker involvement helps to ensure commitment from lower management levels and assist in cascading this message throughout the organisation. Senior management participation in safety committee meetings, for example, has been cited as an important factor in respect to the successful implementation of consultative arrangements. Research has shown that where senior management are present at safety committee meetings and their attitudes are positive, this can have a positive impact on the success of the committee.[171] It may be that senior management presence provides some degree of legitimacy for worker involvement in safety and health practices. Furthermore, if employees sense that senior management are not genuinely committed to worker involvement in safety and health practices, then the entire concept may be devalued in the organisation.[172]

A lack of management commitment for health and safety management can often be evidenced by the allocation of insufficient resources for health and safety improvements. Time and cost (clearly related issues) have been identified as potential barriers to worker involvement in safety and health. Employees in many industries work to tight deadlines and the impact of production pressures cannot be understated. However, it has been suggested that those organisations who argue that health and safety improvements cost too much money do not truly understand the costs associated with accidents and ill health at work.[173] Time taken out to attend health and safety committee meetings or to participate in the management of occupational health and safety can be regarded as a cost to management, with HSE research citing this as a barrier to worker involvement in

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[170] See CW Fuller, *An Employee Management Consensus Approach to Continuous Improvement in Safety Management* (1999) Employee Relation 21 (4) 416 and MF O'Toole, *Successful Safety Committees: Participation not Legislation* (1999) Journal of Safety Research 30 (1) 50

[171] TA Kochan, D Lee and D Lipsky, *The Effectiveness of Union-Management Safety and Health Committees* (Kalamazoo, MI, WE, Upjohn Institute for Employment Research, 1977)

[172] DR Walters and S Gourlay, *Statutory Employee Involvement in Health and Safety at the Workplace: A Report on the Implementation and Effectiveness of the Safety Representatives and Safety Committees Regulations 1977* (HSE Books, Contract Research Report 20, 1990)

[173] Health and Safety Executive, *The Costs of Accidents at Work* (HSE Books, HSG 96, 1997)

safety and health, particularly in small organisations.[174] In many respects, this is related to a lack of awareness of the business case for worker involvement in safety and health. The HSE has attempted to address this issue through the publication of case studies illustrating the business benefits of worker involvement in safety and health. However, it appears that the HSE needs to explore further mechanisms to communicate the business benefits, particularly to small and medium sized enterprises.

Not only is management commitment to worker involvement in safety and health important, but the commitment on behalf of the worker is also a prerequisite for success. Existing research on worker commitment to involvement is relatively sparse in the occupational health and safety arena. However a large body of evidence does exist in relation to the individual characteristics for worker involvement which is of relevance to the field of health and safety management.[175] The research indicates that worker involvement in safety and health is not effective where workers do not desire a participatory role and are not committed to organisational and health and safety goals, or do not regard initiatives to be in their sphere of interest. Any initiatives aimed at increasing the involvement of workers in health and safety must take into account the likely attitude of those taking part, whether worker or employer. The Robens report cited 'apathy' as the greatest problem facing health and safety improvements.[176] Employees, employers and safety representatives may be aware of their responsibilities, but exhibit a reluctance to get involved, even when they are in responsible positions. Furthermore, despite attempts to promote worker involvement, there may be an element of the workforce that shies away from perceived additional responsibilities.[177] Tackling the

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[174] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

[175] GP Latham, DC Winters and EA Locke, *Cognitive and Motivational Effects of Participation: A Mediator Study* (1994) Journal of Organisational Behaviour 15 (1) 52 and EA Locke and DM Schweiger, *Participation in Decision-Making: One More Look* in LL Cummings and BM Staw (eds), Research in Organisational Behaviour, Vol 1, Greenwich, CT:JAI, 1979) and KI Miller and PR Monge, *Participation, Satisfaction and Productivity: A Met-Analytical Review* (1986) Academy of Management Journal 29 (4) 752

[176] A Robens, *Report of the Committee on Safety and Health at Work* (London, HMSO, 1972)

[177] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41) 31

issue of apathy represents a significant concern for the health and safety professional and is closely related to the human factors approach, a matter discussed in Chapter 7.

A final point with regards to worker commitment relates to a number of additional factors which may affect worker commitment during the implementation of worker involvement in safety and health initiatives. These include group characteristics, task attributes and leadership qualities. For the most part, these factors are not discussed in health and safety literature, with relatively little constructive guidance provided in this respect. However, one topic which receives a small amount of coverage is discrimination against safety representatives and worker participants. Individuals may be reluctant to raise health and safety concerns for management attention, where they feel that there could be some reprisal for identifying shortcomings in management control. Although Chapter 4 illustrates that legal provisions do exist to protect safety representatives and employees from detrimental treatment and dismissal related to carrying out their functions, research has illustrated that where a level of discrimination does exist, whether implicit or direct, it may have an impact on levels of worker commitment to involvement in health and safety management.[178]

### *3.4.2 Competency*

Competency is a general term relating to an individual's ability to undertake responsibilities and perform activities to a recognised standard on a regular basis. More specifically, for a person to be competent they need to possess a level of knowledge, experience, ability and training appropriate to their duties, along with recognising their personal and professional limitations.[179] Research has illustrated that for worker involvement in safety and health to generate a positive impact on health and safety performance, it is essential that workers possess a level of competency, particularly in

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[178] P Warren-Langford and D Biggins, *Union Participation in Occupational Health and Safety in Western Australia* (1993) Journal of Industrial Relations 35 (4) 588

[179] The Hazards Forum, *Safety-Related Systems: Guidance for Engineers* (Issue 2, 2002)

terms of knowledge and expertise.[180] If workers are going to contribute to health and safety decision making then they should have sufficient local knowledge concerning the workplace and processes. Although knowledge and expertise are basic requirements for any form of worker involvement, workers may not possess the same levels of knowledge and expertise in relation to health and safety. Consequently, roles and responsibilities within a worker involvement system are not equal. To support these assertions, research published by the HSE identifies a lack of understanding and awareness as one of the greatest obstacles to worker involvement in safety and health that may prevail in an organisation.[181] This research refers to the scope of health and safety and states that many employees do not possess a sufficient understanding of the range of health and safety hazards applicable to work activities. For many employees the whole subject of health and safety is difficult to comprehend, with the large number of regulations and standards adding to this complexity. This lack of understanding and awareness is a barrier, as unless workers fully appreciate the breadth of issues covered in the discipline of health and safety they may have difficulties in raising concerns with their employer, or not recognise their significance.

Competency includes a requirement for training and it follows that workers may need to undertake training to develop levels of competency, in order to contribute effectively to worker involvement in safety and health initiatives.[182] Existing legal requirements relating to worker involvement in safety and health make limited references to training requirements, notably for those involved in workplace consultation.[183] [184] In many cases, training is a prerequisite for worker involvement in safety and health, particularly in relation to the stronger forms of worker involvement. Training has been shown to

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[180] See T Lippin, M Eckman, A Calkin, and TH McQuiston, *Empowerment-Based Health and Safety Training: Evidence of Workplace Change from Four Industrial Sectors* (2000) American Journal of Industrial Medicine 38 (6) 702 and GK Bryce and F Manga, *The Effectiveness of Joint Health and Safety Committees* (1995) Relations Industrielles 40 (2) 270

[181] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

[182] The Hazards Forum, *Safety-Related Systems: Guidance for Engineers* (Issue 2, 2002)

[183] See the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultations with Employees) Regulations 1996

[184] Chapter 4 provides a comprehensive review of legal requirements relating to worker involvement in safety and health

improve the quantity and quality of worker participation in occupational health and safety management.[185] Moreover, research suggests that training can influence participants' commitment to making health and safety changes, evidenced by them raising concerns and exhibiting an increased willingness to respond to hazardous situations.[186] It should be noted, that the systematic approach to managing worker involvement in safety and health, presented in Chapter 9, is identified as being more suitable for implementation in the major hazard industries. These industries tend to be characterised by higher levels of health and safety competency amongst the workforce, due to the need to have effective control over the range of safety critical activities.

### *3.4.3 Communication*

Communication has been cited as a notable barrier to the implementation of worker involvement in safety and health practices.[187] The provision of information is identified in the thesis as a foundation for stronger forms of worker involvement in safety and health. However, for these stronger forms of involvement to operate there need to be communication processes in place. For worker involvement in safety and health to function effectively a transparent and open management style is needed. Management should be willing to share information with the workforce and adopt a liberal philosophy to the management of health and safety. Existing research suggests that a breakdown in communication is often attributed to poor industrial relations.[188] In general, workers have been shown to readily communicate with management that they trust and management that has not been identified as a cause of dissatisfaction. In particular, with consultative arrangements the two-way flow of information between management and workers is a

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[185] DR Biggins and M Phillips, *A Survey of Health and Safety Representatives in Queensland Part 1: Activities, Issues, Information Sources* (1991) Journal of Occupational Health and Safety – Australia and New Zealand 7 (3)196

[186] J Gaines and DR Biggins, *A Survey of Health and Safety Representatives in the Northern Territory* (1992) Journal of Occupational Health and Safety – Australia and New Zealand 8 (5) 424

[187] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41) 28

[188] R Rahimi, *Merging Strategic Health, Safety and Environment into Total Quality Management* (1995) International Journal of Industrial Ergonomics 16 (2) 88

prerequisite for success. Research has also shown that safety representatives can become isolated in an organisation where poor levels of communication are apparent.[189]

## 3.5 Conclusions

The review of literature in this Chapter shows that there are a wide variety of benefits associated with the implementation of worker involvement in safety and health practices. There are moral, legal and economic arguments for worker involvement in safety and health. More specifically, worker involvement in safety and health practices are associated with enhanced job satisfaction and motivation, along with improvements in production and efficiency. It should also be noted that the establishment of worker involvement practices is a statutory requirement, not just in the UK, but in many other parts of the world. Whilst the general consensus regarding the impact of worker involvement in safety and health is positive, unfortunately there is lack of reliable evidence measuring its impact on health and safety performance. The effectiveness of the different forms of worker involvement in safety and health identified in Chapter 2 has received little investigation in existing literature and the range of articles discussing effectiveness is very narrow. Furthermore, where research does exist in relation to the effectiveness of worker involvement in safety and health, it tends to focus on the performance of health and safety committees, with other forms of worker involvement receiving relatively little attention. This outcome may be anticipated given the widespread use of safety committees in the UK, compared to other mechanisms linked to worker involvement in safety and health.

Nevertheless, in the Chapter, through the analysis of a range of secondary literature, it is apparent that worker involvement in safety and health practices are associated with improvements in health and safety performance. A range of industry specific case studies are presented identifying significant reductions in accident and ill health rates following the implementation of worker involvement practices. Furthermore, a pattern has emerged

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[189] Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268, 2000)

in that as the progression occurs from weaker to stronger forms of worker involvement in safety and health, greater potential arises for generating a profound impact upon health and safety performance. It may be that further research is required to support this claim, particularly in relation to the impact of stronger forms of worker involvement on health and safety performance.

Self management through the implementation of self managed teams appears to emerge as the most effective form of worker involvement in safety and health. Recent studies on the implementation of self managed teams in the major hazard industries and other industrial sectors support this claim, by illustrating positive impacts on health and safety performance. Importantly, having improved health and safety as an explicit goal when implementing self managed teams, is associated with improved health and safety performance. Furthermore, self managed teams only deliver results when they are applied to appropriate tasks, the team is designed to enhance performance of that task, and the implementation is planned and thoroughly applied at a consistent pace.

In consideration of the obstacles to worker involvement in safety and health, there appears to be commonality between the main issues of concern. The majority of success factors are associated with management, in terms of organisational factors. Factors such as communication, competency and commitment are linked to the levels of management control and tend to be apparent in those organisations exhibiting a positive safety culture. It is apparent from the review of the literature in this Chapter, that worker involvement in safety and health does not generate improvements in health and safety performance unless certain factors are in place. This assertion raises awareness of the fact that there needs to be an organisational culture in place to support and foster worker involvement in safety and health practices, an issue which is explored at a later stage of the research. The next Chapter evaluates another prerequisite for effective worker involvement in safety and health; the existing framework of legislation and guidance.

# 4 LEGISLATION AND GUIDANCE IN THE UK, RELATING TO WORKER INVOLVEMENT IN SAFETY AND HEALTH

This Chapter provides an evaluation of legislation and guidance in the UK, relating to worker involvement in safety and health. In the introduction to the thesis, a number of research questions are raised with regards to the effectiveness of existing legislation and guidance in the UK, relating to worker involvement in safety and health. These questions ask whether existing legislation and guidance is failing to; 1) encourage stronger forms of worker involvement in safety and health; 2) provide a framework relevant to the modern world of work; and 3) promote a systematic approach to the management of worker involvement in safety and health. The three potential deficiencies underlying these questions have been identified in the research as significant factors, which could undermine the impact of worker of involvement in safety practices on health and safety performance. This Chapter addresses question 1, with questions 2 and 3 being tackled in Chapters 5 and 9, respectively. This Chapter refers to developments in UK legislation and guidance relating to worker involvement in safety and health; however Chapter 10 of the research focuses specifically on recommendations for developing the existing legislative framework.

Previous Chapters examine the various forms of worker involvement in safety and health that may exist in an organisation and the benefits and limitations associated with the implementation of worker involvement in safety and health in all its various guises. The stronger forms of worker involvement in safety and health are identified as those with the greatest potential to generate significant improvements in health and safety performance. This Chapter looks at current legislation and guidance in the UK, relating to the various forms of worker involvement in safety and health and asks whether existing provisions need to be developed to support stronger forms of worker involvement. Although the focus of the Chapter is on legislation and guidance in the UK, the analysis also addresses the impact that the European Union has had upon legal developments in this area. Prior to evaluating the various legal provisions and guidance, introductory discussion takes place, including an account of how the legislation relating to worker involvement in

health and safety has developed from the time of the industrial revolution up until the modern day. This background helps set the scene for subsequent analysis and illustrates how the law relating to worker involvement in safety and health has evolved since the introduction of early health and safety legislation. It also shows that the UK Government's conservative stance on developing legislation related to worker involvement in safety and health has historical roots, which should be recognised when proposing realistic and practical developments in this area.

## 4.1 The Evolution of Legislation and Guidance Relating to Worker Involvement in Safety and Health

The emergence of health and safety issues at work and worker involvement in safety and health can be traced back to the Industrial Revolution.[190] During this time, life centred on work and that was arguably the sole object of life.[191] The average worker became used to long and demanding work and an acceptance of work-related injury or ill health was commonplace, for which little or no compensation was paid.[192] Considering that this was an era largely characterised by the pursuit of private gain and the growth of capitalism,[193] a growing awareness of health and safety at work may be seen as a somewhat surprising assertion. However, it was during the Industrial Revolution that an appreciation of the relationship between an individual's state of health and their occupation began to develop and legislation placing statutory duties on the employer, with regards to health and safety were introduced. The introduction in 1802[194] of legislation attempting to preserve the health of apprentices and others working in cotton mines provides an example of early statute law promoting health and safety improvements.

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[190] D Fraser, *The Evolution of the British Welfare State: A History of Social Policy Since the Industrial Revolution* (Palgrave MacMillan, 4th Edition, 2009)
[191] E Evans, *The Forging of the Modern State: Early Industrial Britain 1783-1870* (Pearson Education Limited, 3rd Edition, 2001) 195
[192] P Mathias, *The First Industrial Nation: An Economic History of Britain 1700-1914* (Routledge, 2nd Edition, 2001)
[193] TS Ashton, *The Industrial Revolution 1760-1830* (Oxford University Press, 2nd Edition, 1997)
[194] Health and Morals of Apprentices Act 1802

It has been stated that the first attempts to improve health and safety and to establish trade unions took place against a backdrop of social upheaval and exploitation and the imposition of measures to suppress worker organisation.[195] At this time, workers' unions, or so called 'friendly societies' were viewed with some distrust[196] and it was not until the passage of the Trade Union Act in 1871[197] that their activities were removed from being considered as criminal conspiracy by the Conspiracy and Protection of Property Act of 1875.[198] Even today, section 11 of the Trade Unions and Labour Relations (Consolidation) Act 1992 spells out the legality of their actions. The often tarnished relationship that exists between employers and many trade unions in the UK[199] can be traced back to these historical influences. In more recent times, political influences have also damaged employer-employee relations, for example, it has been said that one of the legacies of Thatcherism was the growth of confrontation between employers and organised labour and the ultimate decline in trade union membership.[200]

Although the earliest example of health and safety legislation can be traced back to the beginning of the nineteenth century, it was not until 1872[201] that workers first enjoyed legal rights to worker involvement in safety and health. The Coal Mine's Regulation Act 1872 permitted the right of appointed representatives to carry out mine safety inspections on behalf of employees, a form of indirect participation. These rights which were eventually extended to all mineworkers by 1954[202] and by then the foundations of worker

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[195] See for instance the Combination Acts of 1799-1800 and 1825. This period also saw the suspension of habeas corpus in England and the Act Against Wrongous Imprisonment in Scotland

[196] L Berlanstein, *The Industrial Revolution and Work in Nineteenth-Century Europe* (Routledge, London, 1992)

[197] Trade Union Act 1871

[198] Conspiracy and Protection of Property Act 1875

[199] The recent case between British Airways and Unite the Union illustrates the problematic relationship between employers and trade unions in the UK. For more information see The Guardian, 'British Airways Trying to Break Unite Union in Cabin Crew Dispute' (25 March 2010) <http://www.guardian.co.uk/business/2010/mar/25/british-airways-accused-break-unite-union> accessed 20 September 2010

[200] The Conservative Government of 1979-1988, under the leadership of Margaret Thatcher, established a strongly unfavourable treatment of unions. See B Towers, *Running the Gauntlet: British Trade Unions under Thatcher 1979-1988* (1989) Industrial and Labour Relations Review 42 (2) 164 and R Disney et al, *What has Happened to Union Recognition in Britain?* (Centre of Economic Performance, LSE, Discussion Paper 130, 1993)

[201] Coal Mine's Regulation Act 1872

[202] Mines and Quarries Act 1954

involvement in safety and health had been firmly set. Post Second World War industrial nationalisation law extended provisions further and helped place worker involvement in safety and health on the map in nationalised industries. This can be evidenced by a series of Bills laid before Parliament during the period 1970 to 1972.[203] The Bills were designed to facilitate the appointment of safety representatives, outline qualification criteria for the role and require employers, in qualifying enterprises, to establish safety committees, if requested. Furthermore, the proposals were sufficiently widely framed as to allow other forms of involvement. The correlation between these proposals and the eventual requirements for consultation enshrined in the Health and Safety at Work etc. Act of 1974 are self evident, and it is against this backdrop that Lord Robens and his committee carried out their work.

In 1970, the Robens Committee was set up to review provisions for the safety and health of persons in the course of their employment. Their remit gave them the perfect opportunity to stand back and take an objective look at where health and safety was going, not only in the UK, but in other manufacturing countries. At the time of the report,[204] there was a widespread belief that industry was far less safe and healthy for its employees than it should be.[205] The Robens Committee responded by stating that the reason why accident and ill health rates were so high was because nobody cared enough to do anything about it.[206] Apathy was founded by Robens as one of the significant reasons why so many accidents were occurring at work. The Report established that the problem of worker indifference would need to be addressed, if organisations were going to improve health and safety standards at work.

The new course plotted by Robens was no longer solely concerned with the hardware approach to safety, which attempts to improve safety by implementing engineering or technical controls.[207] Issues such as policy, communication, competency, planning and importantly for the focus of this thesis; worker involvement in safety and health, were

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[203] See for instance the Employed Persons (Health and Safety) Bill of 1970
[204] A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972)
[205] A Woolf, *Robens Report – The Wrong Approach?* (1973) Industrial Law Journal 2 (1) 90
[206] A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972)
[207] J Ridley, *Safety at Work* (Butterworth Heinemann, 7th Edition, 2008) 64

given equal billing. Robens emphasised the belief that the primary responsibility for doing something about the existing levels of workplace accidents and ill health lies with those who create the health and safety risks and those who work with them. The report went on to add that although the promotion of health and safety at work was a matter of efficient management, it was not a management prerogative and that real progress would be impossible without the full co-operation and commitment of all employees.[208] The report presented the view that although there is no generally accepted or credible way of measuring the value of consultative and participatory arrangements, in terms of their direct effects on health and safety performance, worker involvement in safety and health was identified as being integral in developing a positive safety culture. Furthermore, the report emphasised that most of the employers, inspectors, trade unionists, and others with whom Robens discussed the subject, had no doubt in relation to the importance of bringing workers more directly into aspects of self inspection and self regulation of the organisation. Subsequently, Robens went on to recommend a statutory duty upon every employer to consult with his employees, or their representatives at the workplace, on measures for promoting health and safety at work and to provide arrangements for the participation of employees in the development of such measures.[209]

The Robens Report stressed the need for self-regulation and sought to motivate employers and employees to devise methods for improving health and safety standards. The report advocated a lighter approach to legislation, characteristic of the goal-setting approach. The role of law was presented as being the creation of a framework for self regulation, with minimum statutory requirements being established. This was to avoid an overly prescriptive approach to health and safety legislation.[210] It was this philosophy which underpinned the eventual introduction of the Health and Safety at Work etc. Act 1974. This review now moves on to discuss how the Robens Report, the eventual introduction of the Health and Safety at Work etc. Act 1974 and subsequent regulations made under the Act, support the various forms of worker involvement in safety and

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[208] A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972) para 59
[209] Ibid para 70
[210] Robens found that the existing health and safety legislation comprised of 30 Acts of Parliament and 50 sets of Regulations

health identified in Chapter 2. Reference is made to relevant codes of practice and guidance that relate to applicable statutory instruments. Of particular interest is the extent to which existing legislation and guidance in the UK supports the stronger forms of worker involvement presented in Chapter 2.

## 4.2 Legislation and Guidance Relating to the Different Forms of Worker Involvement in Safety and Health

### *4.2.1 Information*

In the research project, the provision of information is identified as the weakest form of worker involvement in safety and health. This is due to the argument presented in Chapter 2 that the provision of information is fundamentally one way and does not permit workforce contributions to health and safety decision making. The Health and Safety at Work etc. Act 1974, imposes a general duty on the employer to provide 'such information... as is necessary to ensure so far as is reasonably practicable, health and safety.' However, the requirements for providing health and safety information contained in the Health and Safety at Work etc. Act 1974 are not specific, as they do not detail who else the employer should provide information to, for example contractors, visitors and members of the public. The Health and Safety at Work etc. Act 1974 also does not specify in what format the information should be provided.

The Management of Health and Safety at Work Regulations 1999, made under the Health and Safety at Work etc. Act 1974, are more precise in their references to the provision of information. Regulation 10 requires employers to provide employees with 'comprehensible and relevant information'.[211] The Management of Health and Safety at Work Regulations 1999 elaborate further requiring the employer to provide employees with information relating to the findings of risk assessments, details relating to preventative and protective measures in place and specific requirements for information concerning fire safety measures in the workplace. The accompanying code of practice to

[211] Management of Health and Safety at Work Regulations 1999

the Management of Health and Safety at Work Regulations 1999 underlines the need, in a multi-ethnic society, for comprehensible information, 'capable of being understood by employees, to whom it is addressed.'[212] The information should take account, where applicable, of employees' language difficulties, or disabilities which may impede their understanding. Employees with little or no English comprehension, or reading skills, may need special consideration and arrangements, such as written and spoken translations. The Management of Health and Safety at Work Regulations 1999 also states that the employer, under Regulation 12, provides 'to the employer of an outside undertaking' who is working on his premises, comprehensible information concerning risks to the health and safety of his employees, arising out of or in connection with the first mentioned employer's operations. Again, the code of practice extends this obligation to visiting contractors or specialists brought into the premises to carry out work. In such cases, it is expected that there should be a mutual exchange of information based on health and safety risk assessments.

In addition to the Health and Safety at Work etc. Act 1974, and the more specific requirements for providing information detailed in the Management of Health and Safety at Work Regulations 1999, many other health and safety regulations include requirements for the provision of health and safety information.[213] Analysis of these regulations is beyond the scope of this Chapter; however the majority of these statutory obligations require the employer to provide information to employees, and other parties, concerning the hazards, risks and control measures, or precautions, relating to a range of specific health and safety issues. As noted in Chapter 2, the provision of information establishes a foundation for stronger forms of worker involvement in safety and health. However, one of the problems which arises in relation to the provision of information is managing the vast amount of information generated from different sources, along with the requirement to disseminate this information to a variety of end-users. Information may also have to be made available for reference purposes to management and for inspection

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[212] Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2000)

[213] See the Health, Safety and Welfare Regulations 1992, Lifting Operations and Lifting Equipment Regulations 1998 and the Health and Safety (Display Screen Equipment) Regulations 1992, all of which include requirements for the provision of health and safety information

purposes, to HSE inspectors, safety representatives and other interested parties, such as insurance companies. In consideration of these requirements, there is a need to have some form of management information system in place to co-ordinate the collation, review and distribution of health and safety information. This requirement is subject to further analysis in Chapter 8, when the implementation of worker involvement in safety and health practices is discussed.

### *4.2.2 Consultation*

The findings of the Robens committee had a profound effect on the development of health and safety law in the UK,[214] notably because Parliament accepted and adopted so much of their 1972 report as the basis for the Health and Safety at Work etc. Act 1974. Many of the legal provisions currently in place relating to worker consultation can be traced back to recommendations from the Robens Report. In particular, Robens recommended that there should be a statutory provision imposed on every employer:

> '...to consult with his employees or their representatives at the workplace on measures for promoting safety and health at work and to provide arrangements for the participation of employees in the development of such measures.'

This recommendation was ultimately given substance by Section 2 of the Health and Safety at Work etc. Act 1974, where subsection 2(6) imposed on the employer an absolute duty to consult his employee's representatives:

> 'with a view to the making and maintenance of arrangements to enable him and his employees to cooperate effectively in promoting and developing measures to ensure the health and safety at work of his employees, and in checking the effectiveness of such measures.'

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[214] P Davies and M Freedland, *Labour Legislation and Public Policy* (Open University Press, Oxford, 1999) 344

Significantly, the Act gave rights to workers, subject to regulations made by the Secretary of State (whether unionised or not), to appoint representatives; at subsection 2(4) (appointment by a recognised trade union, as defined in the regulations) and at subsection 2(5) (appointment by election from amongst the employees). Under subsection 2(7) an absolute duty was imposed to form, when so requested by the representatives, a safety committee with the function of keeping under review the measures taken to ensure safety.

The original enactment administered by the Conservative Government, did not distinguish between union appointed safety representatives and those appointed by election amongst employees. However, a change in policy, following the election of the 1974 Labour Government[215] meant an early change to the Health and Safety at Work etc. Act 1974. Subsection 2(5) was repealed and subsection 2(7) amended to require the employer to react only to requests from recognised trade union representatives, which immediately disenfranchised non-union employers. Subsequent judicial interpretation of the regulations,[216] also meant that unrecognised[217] union members' representatives were afforded no rights under the legislation. The repeal of subsection 2(5) introduced a flaw by removing the right to consultation for a significant proportion of the workforce. The potential consequence of this amendment to the Act was the concentration of increased involvement in health and safety decision making in organisations whose workforce were represented by recognised trade unions.

To augment the requirements of the Health and Safety at Work etc. Act 1974 with regards to worker consultation on health and safety matters, the Safety Representatives and Safety Committees Regulations came into effect in October 1978. These regulations are accompanied by an Approved Code of Practice and guidance note.[218] The regulations

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[215] Harold Wilson's Labour government came into power on the 11th October, 1974. See BBC News, '1974: Labour Scrapes Working Majority' On This Day 1950—2005 <http://news.bbc.co.uk/onthisday/hi/dates/stories/october/11/newsid_2542000/2542567.stm> accessed 20 September 2010

[216] *National Union of Tailors and Garmant Workers v Charles Ingram and Co. Ltd.* (1978) 1 All ER 1271 and *Cleveland County Council v Springett* (1985) IRLR 131

[217] The concept of a recognised trade union is discussed later in the Chapter

[218] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

address matters such as the prescribed cases in which recognised trade unions can appoint safety representatives, criteria for appointment, along with their training and functions. Regulation 3 of the Safety Representatives and Safety Committees Regulations grants to independent trade unions recognised by the employer for collective bargaining, the right to appoint safety representatives. Before moving on to discuss the conditions associated with the appointment of safety representatives under these regulations, it is important to clarify a number of points relating to trade union recognition and collective bargaining.

Historically, attitudes towards health and safety at work have experienced an evolution from an acceptance of bad working conditions at the time of the Industrial Revolution,[219] to collective bargaining in order to improve these conditions. In practice, collective agreements involve workers organising in trade unions and bargaining with management to improve industrial relations.[220] However, although collective agreements are not legally binding between employers and trade unions, collective bargaining is underpinned by the potential threat of employees to strike and cause economic damage to the organisation.[221] Collective bargaining acts as an important social restraint on managerial discretion, providing a basis to reverse or modify managerial decisions. A vital factor facilitating collective bargaining is the provision of information so that discussion may proceed on an informed basis.[222] However, the employer is only required to provide information relevant to collective bargaining, including health and safety information, providing the trade union is *recognised*.

The Employment Protection Act 1995 includes provisions that enable an independent trade union, which has been refused recognition for the purpose of collective bargaining, the right to obtain legal support. This statutory procedure involves making a formal

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[219] E Evans, *The Forging of the Modern State: Early Industrial Britain 1783-1870* (Pearson Education Limited, Essex, 3rd Edition, 2001) 192

[220] T Kochan and H Katz, *Collective Bargaining and Industrial Relations: From Theory to Policy and Practice* (Irwin, 2nd Edition, 1988)

[221] S Anderman, *Labour Law - Management Decisions and Workers' Rights* (Butterworths, London, 1993)

[222] K Sisson, *The Management of Collective Bargaining: An International Comparison* (Blackwell, 1987)

complaint to the Advisory, Conciliation and Arbitration Service (ACAS),[223] who investigate the extent of employee support for recognition. Following this investigation, ACAS may make a recommendation as to whether the employer should bargain with the union. However, it should be noted that there is no automatic recognition to be thrust on an employer by a third party whom he has no control over.[224] In the case of *Cleveland County Council v Springett* (1985),[225] the Association of Polytechnic Teachers claimed that they were recognised at Teeside Polytechnic because although they had been refused recognition despite many requests, enquiries by union representatives concerning conditions at work were answered and the union was encouraged to send representatives to a meeting of the Polytechnic health and safety committee. However, the employment appeal tribunal held that the concept of enforced or automatic recognition, which was placed on the employer by a third party, was unacceptable in any satisfactory system of law.

As the Safety Representatives and Safety Committees Regulations 1977 only relate to organisations that have trade union recognition, it is important that the complexities associated with the legal support for collective bargaining are understood. Currently, the term 'trade union' only applies to organisations entered on the list maintained by the Certification Officer under section 2 of the Trade Unions and Labour Relations (Consolidation) Act 1992. These regulations also differentiate between 'independent' trade unions, namely those trade unions which have applied for and been granted a Certificate of Independence by the Certification Officer, under section 6 of Trade Unions and Labour Relations (Consolidation) Act 1992, and those which are 'recognised for collective bargaining'. As evidenced by the discussion above, this is an issue to be determined on the merits of each case.[226]

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[223]Advisory, Conciliation and Arbitration Service (ACAS), <http://www.acas.org.uk/> accessed 20 September 2010 ACAS (briefly referred to in Chapter 2) is an organisation devoted to preventing and resolving employment disputes.

[224] J Bowers and S Honeyball, *Labour Law* (Blackstone Press, 4th Edition, London, 1996) 220

[225] *Cleveland County Council v Springett* [1985] IRLR 131

[226] See *National Union of Tailors and Garment Workers v Charles Ingram and Co. Ltd.* (1978) 1 All ER 1271 for a relevant example

In respect of the appointment of safety representatives, the Safety Representatives and Safety Committees Regulations 1977 stipulate that, so far as is reasonably practicable, a safety representative should either have been employed by the employer concerned throughout the preceding two years, or have at least two years experience in similar employment. A representative ceases to be so by virtue of his resignation from the appointment, or when the appointing union notifies the employer of termination of appointment, or when his employment finishes at the workplace to which he was appointed. It should be noted, that the safety representative appointed need not be a union member and that suggested numbers to be appointed, or numbers to be represented, by each are not defined either in the regulations, or in the approved code of practice. Recommendations are found in guidance, however there is a potential for inter-union tensions in those workplaces where more than one union prevails.

The functions of safety representatives are detailed within regulation 4 of the Safety Representatives and Safety Committees Regulations 1977 and restate similar requirements to the Health and Safety at Work etc. Act 1974, namely subsection 2(4) and subsection 2(6). However, there is some elaboration in relation to the specific functions of safety representatives. These functions include investigating hazards and dangerous occurrences at work,[227] investigating worker complaints of health, safety and welfare at work, and making representation to the employer on general health and safety matters. However, there is no specific duty on the employer to respond to representations from safety representatives. Safety representatives are permitted to represent workers in workplace consultation with any enforcing authority and receive from them information for employees, in line with subsection 2(8) of the Health and Safety at Work etc. Act 1974. Furthermore, safety representatives can attend safety committee meetings and have a right to inspect the workplace in accordance with regulations 5, 6 and 7. The functions of safety representatives are exercised without imposing duties beyond that of the generality of employees at work.[228] In addition, the actions of safety representatives

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[227] This investigation is not confined to the workplace itself; see *Dowsett v Ford Motor Company* (1991) IDS Brief 200

[228] Sections 7 and 8 of the Health and Safety at Work etc. Act 1974 relates to the criminal liabilities of employees at work

responding in their capacity should not be used to the benefit or detriment of the employer, and not taken into account when determining redundancy.[229] Some of these functions, notably workplace inspections and investigations, are classed as forms of indirect participation in the context of the research, and discussed further during the subsequent section on worker participation.

The Safety Representatives and Safety Committees Regulations 1977 spell out the employers duties to provide paid time off work during working hours for safety representative functions. In consideration of case law in this area, perhaps the most noteworthy precedent is the decision in *White v Pressed Steel Fisher* (1980).[230] This case established that training for elected safety representatives does not have to be approved by the Trade Unions Council (TUC), providing that the training is adequate and includes trade union aspects of safety. The case focused on a newly appointed safety representative, who was refused time off with pay to attend a union sponsored training course, as his employer wanted him to attend an in-house company training programme.

In determining whether to permit an employee paid time for training, the duty on an employer under the Safety Representatives and Safety Committees Regulations 1977 is to allow such paid time to attend training that is 'reasonable'.[232] The case of *Duthie v Bath and North East Somerset Council* (2003) provided a number of factors which would need to be considered in determining whether the training was reasonable in all circumstances.[233] These factors include: the contents of the course; whether it involves basic training; how it relates to the particular functions that the employee is performing; whether the training assists in performing these particular functions; and whether the employer is able to manage if the employee is permitted to attend the particular course. Additional case law has established further precedents in relation to decisions on the reasonableness for time off work for training to become a safety representative.[234]Other

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[229] See *Smiths Industries Aerospace and Defence Systems v Rawlings* (1996) IRLR 656
[230] *White v Pressed Steel Fisher* (1980) IRLR 176
[232] Safety Representatives and Safety Committees Regulations 1977, ss 4(2)
[233] *Duthie v Bath and North East Somerset Council* (2003) The Times, 16th May 2003
[234] See *Gallagher v Drum Engineering Co. Ltd.,* HSIB 182 and *Scarth v East Hertfordshire District Council* (1991) HSIB 181 and *Rama v South West Trains* (1997) CO/310/96

case law of relevance to the discussion is the decision in *Davies v Neath Port Talbot County Borough Council* (1999), which established that part-time workers should be paid on the same basis as their full-time counterparts when attending safety representatives' training away from work.[235]

The duty under subsection 6 of the Health and Safety at Work etc. Act 1974 to consult was augmented by the requirements contained in the Safety Representatives and Safety Committees Regulations 1977 for 'consultation in good time'. This relates to the introduction of measures substantially affecting the health and safety of those represented and information on the appointment of safety advisors and assistants required by the Management of Health and Safety at Work Regulations 1999. These requirements also apply to any other matter where information is required to those represented in pursuit of health and safety law; the planning and content of safety training and the health and safety consequences arising from the introduction of new technology. The employer has no discretion on deciding whether or not to consult a properly appointed representative, but is obliged to provide such reasonable facilities as representatives require in carrying out their functions.

Safety committees are covered by Regulations 9 of the Safety Representatives and Safety Committees Regulations 1977 and, in comparison to the detail on safety representatives, receive little attention. Regulation 9 requires the employer to form a safety committee within three months, when requested to do so in writing, by at least two competently appointed safety representatives. Although subsection 2(7) of the Health and Safety at Work etc. Act 1974 outlines the function of this forum, despite their title, the regulations provide no reference to any aspect of the role or composition of the safety committee. The approved code of practice, supporting the regulations, is equally silent in relation to these requirements and it is only in guidance that elaboration is offered.[236]

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[235] *Davies v Neath Port Talbot County Borough Council* (1999) IRLR 769

[236] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

Regulation 11 deals with matters of redress before an Employment Tribunal, in cases where a representative considers himself aggrieved over failure to permit time off for representation, or pay for representative activities. The enforcement of other provisions fall under the remit of the enforcing authority inspector. However, it has been argued that the enforcement of legal requirements for consultation is an area left alone by the enforcing authorities, who often hold the perception that intervention is required only when the industrial relations machinery in the organisation has been exhausted.[237] Reference to the HSE prosecutions database indicates that prosecutions are rarely made under subsections 2(6) and 2(7) of the Health and Safety at Work etc. Act 1974 or related regulations.[238] In recognition of this limited enforcement activity, it should be questioned whether the HSE and local government inspectors are doing enough to pro-actively promote worker involvement in safety and health? When visiting workplaces, inspectors could ask for documentary evidence of how employers involve their employees in health and safety decision making, just as they may ask for evidence relating to how an organisation is managing the risks from asbestos or noise, for example.

### *(A) The Influence of the European Union*

Although the Health and Safety at Work etc. Act 1974 and the subsequent Safety Representatives and Safety Committees Regulations 1977 established legal requirements to consult with specified parties, it was not until English law adopted a European dimension that further advancements were made in the field of worker consultation. In 1957 the European Economic Community was established by the Treaty of Rome, with the purpose of creating closer relationships between the countries of Europe. However, it was not until the adoption of the Single European Act in 1967, when the Treaty of Rome was amended to provide for more legislation at a community level, that the European Economic Community began to have a dynamic influence upon the direction of health and safety legislation. A new article 100A of the amended Treaty mentions 'health' and

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[237] DR Walters, *Making Things Work. Strategies for Effective Worker Representation on Health and Safety in Europe* (2002) Policy and Practice in Health and Safety 2 (1) 63

[238] A search of the database Health and Safety Executive, 'HSE Public Register of Convictions' <http://www.hse.gov.uk/prosecutions > accessed 16 September 2010 identified no prosecutions

'security' in the context of proposals necessary for the establishment and functioning of the internal market. Importantly, Article 118A provides that Member States shall:

> 'pay particular attention to encouraging improvements, especially in the working environment, as regards to the health and safety of workers, and shall set as their objectives the harmonisation of conditions in this area, while maintaining the improvements made.'

Since the adoption of the Single European Act, the Council of Ministers has issued a number of Directives concerned with health and safety in the workplace. However, the disparate approach between Member States to the issue of worker involvement in safety and health has provided a potent challenge to the harmonisation policy of the European Union, which has sought to establish a common system of worker involvement in safety and health and social dialogue on matters relating to occupational health and safety. The most recent phase of harmonisation can be traced back to 1989, when the European Council adopted a Directive No. 89/391/EEC (known as the Framework Directive) on the introduction of measures to encourage improvements in health and safety standards at work.[239]

In relation to worker involvement in safety and health, the Directive aimed to establish a policy for industrial relations in the working environment, based upon involvement between workers and management, as opposed to conflict.[240] More specifically, Article 11 of the Framework Directive, stated that employers should consult workers and/or their representatives and allow them to take part in discussions on all questions relating to health and safety at work. The Health and Safety Commission's (HSC) most direct response to the Framework Directive was to propose the Management of Health and Safety at Work Regulations, which came into effect on the 1st January 1993.[241] Although the Management of Health and Safety at Work Regulations 1992 provided a suitable

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[239] B Barrett and R Howells, *Occupational Health and Safety Law* (Pitman Publishing, London, 1997) 223

[240] R Nielsen and E Szyszczak, *The Social Dimension of the European Union* (Handelshøjskolens Forlag, Copenhagen, Third Edition, 1997) 310

[241] It should be noted that the Management of Health and Safety at Work Regulations were amended in 1999

framework for managing health and safety issues at work, the main area of debate in the context of worker involvement in safety and health, was whether they fully addressed the European Union's objective of promoting stronger forms of worker involvement. Regulation 5 of the Management of Health and Safety at Work Regulations 1992 imposed obligations on the employer to make and give effect to arrangements for effective planning, organisation, control, monitoring and review of preventative and protective measures. However, no specific reference is made to the stronger forms of worker involvement in safety and health. The approved Code of Practice supporting the regulations does suggest that organisations should include involvement of employees and their representatives in carrying out risk assessments and other health and safety functions. Nevertheless, despite these references, there was an apparent mismatch between the requirements of the Management of the Health and Safety at Work Regulations 1992 and the stronger forms of worker involvement in safety and health envisaged by the Directive.

The fact that the Framework Directive contained a requirement for workpeople, whether union members or not, to be consulted about matters pertaining to health and safety at work, was not readily accepted by the UK Government of the time. The Government held that this requirement was covered by the Safety Representatives and Safety Committees Regulations 1977. However, it appears that neither obligations in the Management of Health and Safety at Work Regulations 1992, or the Safety Representatives and Safety Committees Regulations 1977, satisfied the requirements for consultation and participation of workers on health and safety matters contained in Article 11(1) of the Framework Directive. Two judgments by the European Courts established that the UK had failed to implement worker involvement provisions in the Directive by restricting the obligations of employers to only consult in situations where unions are recognised.[242] These decisions paved the way to the introduction of the Health and Safety (Consultation with Employees) Regulations 1996.

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[242] *Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-382/92 [1994] IRLR 392; and *Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-383/92 [1994] IRLR 412

The Health and Safety (Consultation with Employees) Regulations 1996 require employers to consult with employees not covered by representatives appointed in accordance with the Safety Representatives and Safety Committees Regulations 1977. Although in principle the regulations should have afforded the opportunity to correlate practices between union and non-union represented workforces, in reality it soon became evident that the rights enjoyed under the Health and Safety (Consultation with Employees) Regulations 1996, by those not represented by a trade union appointed representatives, were inferior to those under the Safety Representatives and Safety Committees Regulations 1977. Essential differences between the regulations are found in several areas, notably the method of appointing safety representatives, the right to inspection of the workplace, the right to investigate injuries, dangerous occurrences and diseases and the formation of a safety committee. However, the 1996 Regulations share a similarity with the Safety Representatives and Safety Committees Regulations 1977, in that there is no specific duty on the employer to respond to representations from representatives of employee safety.

Regulation 4 of the Health and Safety (Consultation with Employees) Regulations 1996 leaves the matter of appointing safety representatives to the discretion of the employer. The employer may consult individual employees directly, or permit the election of representatives from amongst the workforce. Even where representatives are elected, the employer is free to discontinue consulting in that fashion and consult directly with employees simply by informing them of his decisions (Regulation 4(4)). It has been argued that the weak form of consultative rights established by the Health and Safety (Consultation with Employees) Regulations 1996 is one of the reasons why worker involvement practices are less prevalent in non-union workplaces, in comparison to those organisations that have trade union appointed safety representatives.[243] Functions of elected representatives are contained in Regulation 6, but no mention is made of the representative's rights to workplace inspections, or any other form of investigative function. However, elected representatives (or workers in the absence of

[243] P Davies and C Kilpatrick, *UK Worker Representation after Single Channel* (1994) International Law Journal 33 (2) 128

representatives[244]), are protected against unfair dismissal or detriment arising from exercising health and safety functions by the Employment Rights Act 1996 (as amended). This follows a similar pattern to the Health and Safety at Work etc. Act 1974, which protects those who, on reasonable grounds, refuse to carry out dangerous work.

In retrospect, the question has to be asked as to whether the introduction of the Health and Safety (Consultation with Employees) Regulations 1996 was to satisfy the requirements of the Framework Directive, or to facilitate equality in worker involvement in safety and health arrangements across all workplaces? It would seem to be the former, in that the regulations fail to provide safety representatives in non-unionised workplaces similar powers compared to their trade union counterparts. In failing to give the non-union workforce direct rights to elect representatives and to compel the employer to consult such representatives, it appears that the requirement of Article 11 of the Framework Directive has still not been met.[245] Furthermore, it has been shown that the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 have failed to achieve the desired effect of widespread and meaningful employee involvement in health and safety matters. Research conducted by the Institute of Employment Studies (IES) indicated that 66% of employers were unaware of the requirements of the Health and Safety (Consultation with Employees) Regulations 1996.[246] This figure identifies the need to ensure that any changes in legislation, or new initiatives to promote worker involvement in safety and health, are supported by publicity campaigns, possibly incorporating case studies and examples of best practice. Indeed, the fact that the majority of small businesses are not aware of the requirements of the 1996 regulations indicates a wider problem relating to the make-up of the economy and the difficulty in providing information to small businesses, an issue which is discussed in further detail in the following Chapter.

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[244] See *Masiak v City Restaurants (UK) Limited* [1999] IRLR 780 and *Harvest Press Ltd v McCaffrey* [1999] IRLR 778

[245] P James and DR Walters, *Non-Union Rights of Involvement: The Case of Health and Safety at Work* (1997) Industrial Law Journal 26 (1) 42

[246] Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268/20, 2000)

### *4.2.3 Participation*

The Framework Directive, as identified in the previous section, intended to promote stronger forms of worker involvement in safety and health throughout the European Union. However, the end result has been the creation of an 'uneven playing field', in that some countries have developed legislation requiring stronger forms of worker involvement in safety and health, as in the case of Germany, whilst others have adopted a more conservatory approach, as in the UK.[247] Robens intended a general duty to provide information, consult the entire workforce, and for workers to actively carry through the measures discussed; in essence worker participation.[248] Unfortunately, previous discussion shows that the UK government has been reluctant to establish requirements for consultative provisions for those organisations without trade union recognition and has steered away from the development of a legal framework requiring stronger forms of worker involvement in safety and health. In relation to direct worker participation in health and safety management, no existing legal provisions in health and safety law could be sourced. However, there are numerous examples of indirect participation, where safety representatives, or representatives of employee safety, have power to participate in health and safety on behalf of employees.

The Safety Representatives and Safety Committees Regulations 1997 make reference to the right of the safety representative to conduct inspections and undertake investigations, which is essentially a form of indirect participation, as defined in the thesis. These particular rights afforded to safety representatives have been subject to some debate,[249]particularly in relation to the periodicity and nature of inspections. The requirement for workplace inspection is contained in Regulation 5 (of the workplace every 3 months, or as agreed with the employer), Regulation 6 (after accidents, dangerous

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[247] G Friedholm, *The United Kingdom and European Union Labour Policy: Inevitable Participation and Social Chapter Opportunity* (1999) International and Comparative Law 22 (1) 240

[248]A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972) para 70

[249] See L Lindblom and SO Hansson, *Evaluating Workplace Inspections* (2002) Policy and Practice in Health and Safety 2 (2) 82 and W Cooke and FH Gautchi, *Plant Safety Programs and Injury Reduction* (1981) OSHA Industrial Relations 20 (3) 253

occurrence or disease) and Regulation 7 (of documents[250] and in the provision of information). Of interest here, is the fact that the regulations are silent on the nature of the employer's response to adverse findings from an inspection, as is the approved code of practice. It is only in guidance that a report of findings to the employer and a record of the employer's response are recommended.[251] However, this does not infer a statutory duty, or even a quasi-legal burden to respond to the findings of a safety inspection.

The HSE has commissioned research into how workers can actively participate in health and safety management.[252] This research, undertaken by the Health and Safety Laboratory, gives practical advice to employers in relation to how worker participation can be embedded into the main elements of a health and safety management system, as detailed in Health and Safety Executive Guidance Note 65, Successful Health and Safety Management.[253] HSG 65 is a publication aimed at directors, managers and safety professionals who want to improve health and safety management in their organisations. It is split into a number of key components, namely policy, organising, planning and implementing, measuring performance, audit and review. In relation to policy, the research details how workers can participate in the development and review of the safety policy statement. Organising refers to giving employees specific health and safety responsibilities, the use of suggestions schemes and employee participation in the design and delivery of training programmes. Planning mentions employee participation in setting health and safety plans and undertaking risk assessments and participation in problem solving and determining risk control systems. Measuring performance details active and reactive approaches, including employee participation in workplace inspections and accident investigations, respectively. Finally, audit and review suggests

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[250] For the status of documents such as accident reports see the decision in *Waugh v British Railway Board* (1980) A.C.521, (1979) 2 All ER 1169, CA

[251] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

[252] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2003)

[253] Health and Safety Executive, *Successful Health and Safety Management* (HSE Book, HSG 65, 1997)

how workers can participate in auditing health and safety managements system and contribute to periodic reviews.[254]

The international management system specification BS OHSAS 18001:2007[255] also includes requirements for worker participation in health and safety. This management system specification is not a legal requirement, but is implemented by organisations across a diverse range of industries. Section 4.4.3.2 of the specification establishes a similar theme to that contained in HSG 65. It states that the organisation shall establish, implement and maintain a procedure for the participation of their workers, by their appropriate involvement in hazard identification, risk assessment and determination of controls. Participation is also mentioned in relation to accident investigations and the development and review of occupational health and safety policies and objectives. The specification states that workers are to be informed about their participation arrangements, including the details of their representative and if participation is to be undertaken on their behalf.

There have also been a number of HSE guidance notes developed aimed particularly at the major hazard industries, with regards to promoting worker participation in health and safety. One particular guidance note focuses on the participation of workers in developing the health and safety culture on an offshore oil platform.[256] It gives practical examples of how workers can participate in health and safety decision making, including hazard spotting, safety case preparation, incident investigation and inspections. A further guidance note aimed at the chemical industry, follows a similar theme with regards to worker participation, by providing examples of how workers can contribute to the development, implementation and maintenance of the various components of a health and

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[254] The various ways in which workers can participate in health and safety management are considered in more detail in Chapter 8

[255] BS OHSAS 18001 is part of the OHSAS 18000 series which comprises of various other resources relating to the implementation and auditing of this specification. For more information see British Standards Institution, <http://www.bsigroup.com> accessed 28 September 2010

[256] Health and Safety Executive, *Play your Part: How Offshore Workers Can Help Improve Health and Safety* (HSE Books, HMSO, London, 1994)

safety management system.[257] Both of these sources of information focus on participation as opposed to consultation, however as previously indicated, the existing legislative requirements in the UK remain heavily skewed towards consultative provisions.

### *4.2.4 Co-determination*

The research presents co-decision arrangements, often involving works councils, as a more advanced form of worker involvement in safety and health than the provision of information, consultation and participation. Previous Chapters show that in some countries, such as Germany, these works councils have, on top of their own rights, co-determination powers. Co-determination is also present in Sweden, but without the presence of works councils. As discussed in Chapter 2, co-determination prevents management from making decisions unless they are agreed beforehand by the council. If the employer does not seek the approval for a decision from the works council, that decision is not classed as valid and able to withstand legal challenge. In countries where co-determination exists, the law typically provides for a selection of dispute resolution organs, such as special joint grievance committees, outside arbitrators with binding powers, or labour courts.[258]

Germany is often cited as an exemplary case with regards to works councils and co-determination,[259] with the veto-rights of workers providing a powerful bargaining chip over management. Under the Works Constitution Act 1972, works councils' co-determination rights extend to a range of matters, including working hours, overtime, along with issues related to individual staff movements, for example hiring and transfer. It could be suggested that all of these issues have potential health and safety consequences if they are not managed effectively. Although co-determination rights in

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[257] Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)
[258] J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)
[259] B Freeman and P Lazear, An Economic Analysis of Works Councils (in J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)

Germany are relatively extensive, there have been calls to improve existing requirements. However there has never been serious pressure applied to the Government to amend the 1972 legislation. It has been argued that this is predominantly due to the recognition of the economic benefits associated with co-determination arrangements, previously discussed in Chapter 3.[260]

Co-determination in the Netherlands is very similar to that in Germany. Works councils have co-determination rights on any decisions regarding employee conduct, including working hours and health, safety and welfare rules regarding hiring, dismissals and promotion, training, assessment of worker performance, and the handling of grievance. If agreement cannot be reached, the law provides for a waiting period of one month.[261] The employer can implement its decision after this waiting period. Attempts have been made in the Netherlands, to extend the rights of workers with regards to decision making, in an attempt to establish co-determination powers similar to those in Germany. However, numerous barriers to the implementation of co-determination became evident, resulting in the Netherlands deciding to return to the legally prescribed form of works councils.[262]

The situation in Sweden is of particular relevance to this research, as co-determination occurs without works councils, and instead through joint health and safety committees. Swedish co-determination arrangements at plant level are exclusively union-based.[263] Under the Co-determination at Work Act 1976, nearly all aspects of the employer-employee relationship are open to co-determination. Negotiations are supposed to be co-operative, but the employer always makes the final decision and worker representatives can never veto management decisions as in Germany. In many respects, it has been argued that the Swedish model of co-determination has led more to an expansion of

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[260] J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)
[261] See Section 27 of the Works Councils Act of 1979
[262] N van Alphen, *Worker Participation Structures* (in R Spear and H Voets (eds), *Success and Enterprise: The Significance of Employee Ownership and Participation*, Aldershot, Avebury, 1995) 80
[263] G Brulin, *Sweden: Joint Councils Under Strong Unionism* (University of Chicago Press, January 1995) 180

information and consultation at the workplace.[264] In consideration of these points, for co-determination on health and safety matters to operate in its purest form, it would most likely encompass a combination of the Swedish and German model, with decisions being considered at joint health and safety committees, as in Sweden, but with workers being afforded veto rights, as in Germany.

Apart from Germany, the Netherlands and Sweden, many other countries, including France and Austria, have a system of mandatory national works councils. However, although some employers are required to inform and consult employee representatives at a Europe-wide level through a European Works Council,[265] the number is relatively low for a number of reasons. Firstly, to be covered by European Works Council legislation the employer must have 1,000 or more employees in Europe and 150 in two or more European countries. Secondly, the employer is only required to start negotiations to establish a European Works Council if a formal request is received. In other words, if employees or their representatives fail to make this request then negotiations are not triggered. It can be difficult for employees to obtain the necessary information to ascertain whether they are in a position to set up a European Works Council. This is particularly the case where central management of the relevant group of countries is not situated in the European Union, identifying the need for an effective transfer of information.[266] European legislation requiring employers to set up works councils has helped to develop worker involvement arrangements in some workplaces. In many cases, although the legislation does not apply specifically to involvement on health and safety, there is no reason why larger organisations should not include it in their wider worker involvement arrangements, providing the specific requirements of the relevant health and safety legislation are fulfilled.

Outside of the field of health and safety legislation and guidance, there is a growing body of employment law in the UK that has the potential to establish and develop the power of

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[264] K Levinson, *Codetermination in Sweden: From Separation to Integration* (1996) Economic and Industrial Democracy 17 (1) 140

[265] Transnational Information and Consultation of Employees Regulations 1999

[266] Gesamtbetriebsrat der Kuhne & Nagel AG & Co KG v Kuhne & Nagel AG & Co KG [2004] IRLR 332 ECJ

works councils. In April 2005, the national information and consultation regime began operation in parallel to the European Works Council regime. The Information and Consultation of Employee Regulations 2004, which took effect from 5th April 2005, is widely recognised as one of the most significant pieces of employment legislation ever to be introduced in the UK.[267] The Regulations enable employees in an affected business to require their employer to set up a works council. The employer must consult with the council on 'decisions likely to lead to a substantial change in work organisation and contractual relations.' Its scope is therefore very wide and potentially covers mergers and acquisitions, or outsourcing of activities.

The requirement to inform and consult employees does not operate automatically. It is triggered either by a formal request from employees for an Information and Consultation (I&C) agreement, or by employers choosing to start the process themselves. An agreement must set out how the employer informs and consults employees or their representatives on an on-going basis, but the legislation lets them agree arrangements and structures tailored to their individual circumstances. The Regulations also provide for the retention of pre-existing agreements holding workforce support.[268] Agreements may cover more than one company, or establish different arrangements in different parts of a company. Where no agreement is reached following an employee request, certain standard provisions for informing and consulting representatives of employees would apply. The Regulations are designed to minimise the potential for disputes arising throughout the process but, where these do occur and cannot be settled, the Central Arbitration Committee can resolve them.

Even though works councils are associated with stronger forms of worker involvement in safety and health, despite the potential benefits of the Information and Consultation of Employee Regulations 2004, the requirements still appear founded on the principle of consultation. It is also established in the research that consultation does not necessarily mean the employer is obliged to follow the representatives' opinion. Decisions remain

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[267] M Hall, *Assessing the Information and Consultation of Employees Regulations* (2005) Industrial Law Journal 34 (2) 110

[268] See *Stewart v Moray Council* [2006] IRLR 592

the responsibility of senior management, and sometimes agreements on decisions are not possible. Overall, it appears unlikely that co-determination powers similar to those evident in Germany will become prevalent in the UK, until at least further evidence of the benefits associated with co-determination arises.

Indeed, the concept has never universally been accepted in the UK. Attempts have been made to try and establish co-determinative structures during the Harold Wilson Labour government of March 1974 until April 1976. In December 1975, a Committee of Enquiry into Industrial Democracy was set up in response to the European Commission's Fifth Directive.[269] The Committee's role was to investigate the need for a radical extension of industrial democracy in the control of companies, by means of representation on boards of directors. It focused on the role of trade union organisations in bringing about this shift in worker involvement.[270] The committee, chaired by Alan Bullock, published its report in January 1977, known as the Bullock Report.[271] Chapter 2 of the thesis identifies that it was hoped that the Bullock Report would help to find a way to solve chronic industrial disputes, however it received strong left wing opposition.[272] It may have been perceived as an unwanted shift towards stronger forms of worker involvement, particularly in consideration of the largely voluntary approach to worker involvement existing in the UK.[273] In relation to best practice, no UK guidance could be sourced on co-determination, providing examples of how joint health and safety committees and co-decision procedures could be established. Again, this is perhaps indicative of the fact that the UK have tended to shy away from co-determination arrangements.

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[269] Council Directive 75/129/EEC on the Approximation of Laws of the Member States Relating to Collective Redundancies [1975] OJ L48

[270] C Jenkins and B Sherman, *Collective Bargaining* (Routledge and Kegan Paul, London, 1977)

[271] See WB Creighton, *The Bullock Report: The Coming of the Age of Democracy* (1977) British Journal of Law and Society 4 (1) 8

[272] R Lewis and J Clark, *The Bullock Report* (1977) The Modern Law Review 40 (3) 330

[273] K Williams, *Industrial Relations and the German Model* (Aldershot, Avebury, 1988)

### *4.2.5 Self Management*

Throughout the research, evidence is presented showing that the HSE encourage worker involvement in health and safety.[274] However, their position on self management is unclear. HSE guidance states 'It is management's job to decide upon the appropriate level of supervision for particular tasks. The level depends on the risks involved as well as the competence of employees to identify and handle them.' Furthermore, HSE sponsored research has identified that poor planning or implementation of major organisational change can have adverse implications for health and safety, with particular reference to team-work.[275] Indeed, there appears to be a paradox, as despite the evidence presented in Chapter 3 illustrating the benefits of self management, through the introduction of self managed teams, no statutory requirements relating to self management could be identified in existing health and safety legislation.

The Robens report established the relevance of a self-regulating or self-managing system to health and safety at work. Two of the guiding principles of this approach were that regulators should set health and safety goals, rather than determine how these goals should be achieved, and those who create risks are deemed responsible for managing them. These principles may have been incorporated into the requirements of the Health and Safety at Work etc. Act 1974, however there does appear to be a philosophical inconsistency between this regulatory approach and the principles of self management at team level. The HSE's current position on self management is somewhat guarded. However, one specific piece of HSE guidance that has already been referred to in this Chapter, which makes reference to aspects of health and safety management with relevance to self managed teams is the HSE publication 'Successful Health and Safety Management'.[276] Although this guidance makes no specific reference to self

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[274] Health and Safety Executive, *The Health and Safety of Great Britain: Be Part of the Solution*, (HSE Strategy Statement, C100 06/09) 5

[275] Health and Safety Executive, *Business Re-engineering and Health and Safety Management: Literature Survey, Case Studies and Best Practice Model* (HSE Books, Conference Research Reports, 3 Volumes, 123, 124 and 125, 1996)

[276] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 2nd Edition, 1997)

management, there is nothing in the guidance that is incompatible with the notion of self management.

## 4.3 The Role of Associated Health and Safety Legislation

The Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 provide the main requirements for worker consultation and involvement in union and non-union represented workplaces. However, there is a raft of other delegated legislation which establishes obligations in relation to worker involvement in safety and health. Brief discussion of associated health and safety legislation is required to ascertain the extent to which this legislation supports the different forms of worker involvement in safety and health.

The Management of Health and Safety at Work Regulations 1999 (as amended) have already been mentioned, in relation to the delays surrounding the eventual introduction of the Health and Safety (Consultation with Employees) Regulations 1996. In addition to the requirements on the employer to provide information, the regulations also place an obligation on the employer to undertake a suitable and sufficient assessment of risks to the health and safety of employees and identify measures to reduce these risks. [277] These assessments should be practicable and take into account the views of employees and their representatives who may have practical knowledge to contribute to the exercise.[278]

The Construction (Design and Management) Regulations 2007 provide another example of legislative attempts to foster worker involvement in relation to construction projects. The construction industry has a bad reputation for poor standards of health and safety performance,[279] establishing the need for effective systems of worker involvement in safety and health. The Construction (Design and Management) Regulations 2007 require

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[277] Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2000)

[278] Chapter 8 of the research considers the importance of risk assessment to health and safety management and provides further examples of how workers can contribute to risk assessment

[279] Health and Safety Executive, *Causal Factors in Construction Accidents* (HSE Books, Research Report 156, 2003)

management to consult and obtain the views of workers. This places an obligation on the principal contractor, who is invariably the main contractor on site, to ensure that employees and the self-employed are able to discuss and offer advice on health and safety matters. Other duty holders, such as the client, designer or planning supervisor, can play a part in this process by ensuring that these issues are incorporated into project objectives and targets for health and safety improvements.

There are specific requirements for workforce consultation with regards to health and safety matters in the major hazard industries. Offshore workers are covered by the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989, which provides for the election of safety representatives, with functions broadly the same as those for safety representatives, under the Safety Representatives and Safety Committees Regulations 1977. Improvements in health and safety on offshore installations are arguably somewhat reactive, with recognition that rights to consultation were framed in law in the aftermath of the Piper Alpha disaster.[280] In the quarrying industry, the Quarries Regulations 1999 places duties on the operator to ensure that there are suitable arrangements in place to enable effective cooperation between all those who work at a quarry. Appointed members of a committee are permitted to review risk assessments and suggest improvements, to which the operator must respond. Finally, in relation to major hazard sites, the Control of Major Accident Hazard Regulations 1999 places requirements on premises subject to the regulations, to consult with workers on the preparation of emergency plans. In consideration of these examples, the focus still remains on consultation, with limited reference to stronger forms of worker involvement in safety and health.

[280] The Piper Alpha disaster in 1988 witnessed the death of 167 offshore workers and severely damaged the business interests of Occidental Petroleum

## 4.4 Proposed Developments in Legislation and Guidance Relating to Worker Involvement in Safety and Health

In April 2003, the Health and Safety Executive proposed a new set of regulations, which they hoped would firmly establish their position on worker involvement in safety and health. In essence, the proposed regulations were an effort to harmonise the requirements of the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. Specific requirements were suggested in a Consultative Document with regards to the role of safety representatives, with duties for the employer to consult with a trade union appointed safety representative, a safety representative elected using the procedure detailed in the regulations, or directly with workers where no safety representative had been appointed. Despite the research identified in Chapter 3 which illustrates the effectiveness of the union model for consultation, the proposals were eventually shelved and replaced with a 'collective declaration on worker involvement'.[281] This declaration echoes the sentiments of the proposed regulations, but does not provide the same status or effect as a revised legal framework supporting worker involvement in union and non-union represented workplaces. The HSE stated that the Impact Assessment (IA) conducted of these proposed changes to legislation justified their decision for retaining the status quo.[282]

A worker involvement programme was set up by the HSC in early 2005, following the decision not to amend the existing statutory provisions. This has made some important contributions since its creation, however the focus of its work remains upon providing guidance, as opposed to making regulatory changes. Although some countries have created legal frameworks requiring stronger forms of worker involvement in safety and health, the fact remains that the UK government has not developed health and safety legislation beyond requirements for information and consultation. This may be linked to some of the limitations identified in Chapter 3, concerning the credibility of evidence on

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[281] Health and Safety Executive, 'A Collective Declaration on Worker Involvement' (2004) < http://www.hse.gov.uk/involvement/hscdeclaration.pdf > accessed 15 September 2010

[282] Impact Assessment (IA) is in essence a cost-benefit analysis conducted for all proposed changes in legislation. See Health and Safety Executive, 'Impact Assessments' <http://www.hse.gov.uk/ria/> accessed 15 September 2010 for more information

the benefits of worker involvement in safety and health. The HSE appears agreed that further evidence is needed of the benefits of worker involvement before they commit to any changes in the legal framework.[283] HSE commissioned research linked to worker involvement has continued,[284] however there still remains little evidence that changes will be made to existing legislation.

## 4.5 Conclusions

The Chapter illustrates that there has been an evolution in legislation relating to worker involvement in safety and health, from the management led approach during the industrial revolution to a more open, consultative philosophy, evident in current legislation and guidance. Nevertheless, the Chapter shows that legal provisions are not doing enough to promote and support the stronger forms of worker involvement in safety and health. The majority of legislation is founded upon consultation, with negligible references to worker participation and no discernable requirements relating to co-determination or self management. Consultation, as identified in the research, is a weak form of worker involvement in safety and health, as it does not afford workers sufficient influence on health and safety decision making. Furthermore, it is shown that there is an apparent unwillingness from the UK government to amend the legislative framework relating to worker involvement in safety and health. That being said, best practice, in the form of guidance has been developed in relation to worker participation. This guidance provides useful information for employers on how to encourage the participation of the workforce in health and safety management. However, none of this best practice has been translated into legal requirements.

The existing legislation in the UK relating to worker involvement in safety and health is presented by the Health and Safety at Work etc. Act 1974, the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with

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[283] Health and Safety Executive, 'Worker Involvement: Results of the Consultation Exercise and a Proposed Approach to Current and Future Work' Worker Involvement Programme (26 Feb 2007) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2007/150307/c12.pdf > accessed 12 August 2010

[284] Health and Safety Executive, 'Research' <http://www.hse.gov.uk/involvement/research.htm> accessed 20 September 2010

Employees) Regulations 1996. These regulations have been subject to significant analysis in this Chapter and have been found to be heavily focused on consultation and weighted towards organisations with trade union recognition. The framework for worker involvement in safety and health created by the original draft of the Health and Safety at Work etc. Act 1974 was damaged at a conceptual stage, by the repeal of subsection 2(5). Although legislation was eventually developed in the form of the Health and Safety (Consultation with Employees) Regulations 1996 to protect employees working in organisations with no trade union recognition, these regulations do not offer the same level of protection, in comparison to the requirements in the Safety Representatives and Safety Committees Regulations 1977. The Health and Safety (Consultation with Employees) Regulations 1996 attempted to satisfy the requirements of the Framework European Directive. However, the regulations do not bind the employer to consult representatives, even when the employer has permitted representatives to be elected. They also fail to give the workforce a statutory right to elect representatives and do not give representatives of employee safety the same statutory functions or rights as their union counterpart.

Overall, although best practice is promoting stronger forms of worker involvement in safety and health, it is appears that legislation needs to be developed requiring stronger forms of involvement, beyond the provision of information and consultative arrangements. Furthermore, of particular concern is that existing legislation on worker involvement in safety and health appears slanted in favour of those who represent a comparatively small percentage of the workforce, namely workers with union representation. Existing legal requirements seem more applicable to economic patterns evident during the time of the Robens Report, as opposed to today's modern industrial environment. Since the introduction of the Health and Safety at Work etc. Act 1974 and the Safety Representatives and Safety Committees Regulations 1977, there have been some significant changes in the world of work. The discussion proceeds to review some of these changes and consider whether existing legislation and guidance in the UK relating to worker involvement in safety and health is relevant to the modern world of work.

# 5 WORKER INVOLVEMENT IN SAFETY AND HEALTH AND THE CHANGING WORLD OF WORK

The hypothesis outlined in Chapter 1 suggests that for worker involvement in safety and health practices to generate a positive impact upon health and safety performance that legislation and guidance in the UK, relating to worker involvement in safety and health, needs to be applicable to the modern world of work. This assertion is founded on an assumption that legislation and guidance should relate to existing employment patterns and demographics for it to be effective. However, concerns are raised in the previous Chapter that the legal framework in the UK, supporting worker involvement in safety and health, may be somewhat outdated. Whatever the proposed approach to encourage worker involvement in safety and health practices, it is apparent that worker involvement must take place against a backdrop of changing factors at work. The Chapter shows that the message that 'the world of work is changing' is widely recognised,[285] yet in recent years the influence of change to the economy and the labour market appears to be growing. Some of these changes are discussed in this Chapter, evaluating their impact on worker involvement in safety and health practices. The suitability of existing legislation and guidance in the UK, relating to worker involvement in safety and health, in consideration of the changing world of work, is evaluated. Where deficiencies in legislation and guidance are identified, recommendations are made suggesting ways in which the present legal framework in the UK can be developed to support worker involvement in safety and health practices relevant to the modern world of work. It should be noted however, that Chapter 10 of the research is devoted to a more detailed discussion on proposed developments in legislation and guidance.

The previous Chapter identified that the Health and Safety at Work etc. Act 1974 constitutes the core of the current legislative framework supporting worker involvement in safety and health in the UK. Its introduction stemmed from the 1972 report of the Robens Committee, which identified fundamental defects in the broader legal system for

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[285] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)

the regulation of occupational health and safety, and made recommendations for dealing with them.[286] However, the Robens Report was prepared at a time when a large proportion of work activity was undertaken by male, full-time employees working for large, unionised companies in the manufacturing and extractive industries.[287] This Chapter shows that the world of work has changed dramatically since then. Increased employment in the services sector and the decline of heavy industries has become evident. Evidence is also presented in this Chapter showing a significant growth in the number of small and medium sized enterprises, coupled with a fall in trade union membership and recognition. Furthermore, non-standard forms of employment have become more common. These include an increased reliance on contract labour, greater levels of self-employment, an increase in part-time, temporary, flexible and shift working arrangements, and a substantial influx of migrant labour in recent years. It is also shown that there has been a shift in societal expectations relating to health and safety at work and an emergence of occupational health issues, since the introduction of the Health and Safety at Work etc. Act 1974. Due to the scale and nature of these changes, and their potential influence on worker involvement in safety and health, it is important to analyse these changes in more detail and assess the appropriateness of existing legislation and guidance in the UK, relating to worker involvement in safety and health.

## 5.1 Deindustrialisation

A notable economic change in the UK, has been the decline of manufacturing and the growth of the service sector. This economic phenomenon is commonly referred to as deindustrialisation.[288] It has been argued that deindustrialisation is not necessarily a symptom of the failure of a country's manufacturing sector, but more the natural outcome of a process of economic development.[289] During the time when the Health and Safety at Work etc. Act 1974 became law, industry was dominated by heavy manufacturing,

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[286] A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972)
[287] P James and D Walters, *Regulating Health and Safety at Work* (Institute of Employment Rights, London, 1999)
[288] J Allen and D Massey, *The Economy in Question* (Sage Publications, 1996)
[289] R Rowthorn and R Ramaswamy, *Deindustrialisation: Causes and Implications* (International Monetary Fund, Research Department, WP/97/42, 1997)

including mining, steel industries and ship building.[290] Over the last 20 years, heavy manufacturing has been subject to dramatic decline, with manufacturing and extractive industries being replaced by what is now primarily a service sector based economy in the UK.[291] The service sector consists of activities where people offer their knowledge and time to improve productivity, performance and sustainability. In relation to worker involvement in safety and health, it may be that this economic change requires a different legislative approach to encourage effective worker involvement in safety and health practices. Approaches that have been successful in developing levels of worker involvement in safety and health in a heavy industrialised environment may not be suitable in a service sector based economy. For example, the use of information technology now dominates the service sector and this trend is likely to continue,[292] with advancements in communication systems being driven by a demand for 24/7 availability. It may be that innovative solutions for involving workers in health and safety decision making in the service sector can be developed through the use of information technology, due to the wide availability of computers and other personal electronic devices.

Worker involvement initiatives deemed suitable for the service sector may have been difficult to implement in the heavy industrial sectors prevalent during the time of Robens. As identified in Chapter 4, during this time, the majority of workplace involvement occurred through the traditional model of trade union appointed safety representatives. Heavy industries tend to have higher levels of union membership, whilst evidence has shown that the movement towards a service sector based economy has coincided with a reduction in trade union membership.[293] Existing literature shows that worker involvement practices are increasingly difficult to implement when the strength and reach of trade unions is undermined.[294] These issues provide an argument that existing

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[290] A Singh, *UK Industry and the World Economy: A Case of Deindustrialisation?* (1977) Cambridge Journal of Economics 1 (2) 122

[291] Office for National Statistics, *The UK Service Sector* (London, December 2000)

[292] DW Jorgenson and KJ Stiroh, *Information Technology and Growth* (1999) The American Economic Review 89 (2) 113

[293] Office for National Statistics, 'Union Membership: Union Density Down Slightly in 2006' (13 June 2011) <http://www.statistics.gov.uk/cci/nugget.asp?id=4> accessed 28 August 2010

[294] N Gunningham, *Occupational Health and Safety, Worker Participation and the Mining Industry in a Changing World of Work* (2008) Economic and Industrial Democracy 29 (3) 338

legislation and guidance does not address changes in the world of work, as previous discussion has confirmed that the existing legal framework is heavily skewed towards consultative provisions for organisations with trade union recognition.

## 5.2 The Growth of Small Businesses

The growth in the service sector, since the introduction of the Health and Safety at Work etc. Act 1974, has been accompanied by another notable economic pattern, namely a significant increase in the number of small businesses. In the UK, there were an estimated 2.15 million businesses at the start of 2009, with the vast majority of these (98 per cent) having less than 50 employees.[295] Evidence presented in Chapter 3 shows workforce size as a key determinant of effective worker involvement in safety and health, with smaller firms exhibiting more deficient systems for worker involvement, in comparison to large organisations.[296] The Health and Safety (Consultation with Employees) Regulations 1996 were introduced with the intention of promoting consultative provisions in organisations with no trade union recognition, many of which are small businesses. However, research has indicated that in retrospect these regulations have been somewhat unsuccessful, with the large majority of organisations unaware of their requirements.[297] If this assertion is correct, the regulators are faced with a significant challenge in attempting to improve worker involvement practices in small businesses. One of the problems in attempting to reach small businesses is that many organisations are not fully aware of existing legal requirements for worker involvement in safety and health. In addition, small businesses may often fail to perceive the business benefits of involving employees in health and safety decision making.[298] In consideration of these comments, there is an argument to improve the existing legislative framework to support worker involvement in safety and health in small businesses, possibly supported

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[295] Office for National Statistics, 'Businesses: Number of UK Businesses Down' (13 June 2011) <http://www.statistics.gov.uk/cci/nugget.asp?id=1238> accessed 28 August 2010

[296] D Walters, *Trade Unions and the Effectiveness of Worker Representation in Health and Safety in Britain* (1996) International Journal of Health Services 26 (4) 634

[297] Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268, 2000)

[298] Health and Safety Executive, *Cultural Influences on Health and Safety Attitudes and Behaviour in Small Businesses* (HSE Books, Research Report 150, 2003)

by further guidance, illustrating the business benefits associated with worker involvement in safety and health.

## 5.3 Non-standard Patterns of Employment

Further to the changes in the economic landscape of the UK, references have been made in existing literature, related to changes in the world of work, to an increase in non-standard patterns of employment.[299] The standard pattern of employment relates to employees directly employed by an employer, undertaking work activities as detailed in an employment contract.[300] However, in recent years, as is shown in the following sections, non-standard patterns of employment are becoming more common. These include an increased use of contractors, self-employed workers, part-time, temporary, shift working arrangements and a growth in teleworking. All of these non-standard forms of employment create potential problems when attempting to promote worker involvement in safety and health and are therefore worthy of discussion. Existing legislation and guidance is evaluated where applicable, along with suggested areas for improvements.

### *5.3.1 Contractorisation*

Contractorisation is a term that has been coined in relation to the increased reliance on contract labour in industry, another phenomenon which illustrates the complexity of employment patterns today.[301] The model of a stable workforce, employed directly by an organisation to fulfil a range of functions, is being replaced in many industries by one where staff are only employed to perform core functions. Contractors are regularly used for specialist functions, when competent staff are not always present internally, but also for a range of support functions, including security, cleaning and catering. In the most

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[299] See T McOrmond, *Changes in Working Trends Over the Past Decade* (Labour Market Division, Office for National Statistics, January 2004) for an overview of changing patterns of work

[300] J Mangan, *Worker Without Traditional Employment: An International Study of Non-Standard Work* (Edward Elgar Publishing, 2000)

[301] See Health and Safety Executive, *Contractorisation – Aspects of Health and Safety in the Supply Chain* (HSE Books, Research Report 112, 2003) for a detailed review of the health and safety issues associated with the increasing use of contractors

extreme cases, for example on a petro-chemical refinery, it is not uncommon to find up to half of the workforce of several thousand being made up of contract staff, carrying out a multitude of activities.[302] These contractors are often highly transient and peripatetic, undertaking work on a wide variety of different sites, which can make it difficult to engender levels of motivation and commitment towards the client.[303] Generating effective worker involvement in safety and health in a workplace that is made up primarily of contractors presents a substantial challenge to management.

The Health and Safety at Work etc. Act 1974 provides no reference to the involvement of contractors in health and safety decision making. However, the Construction (Design and Management) Regulations 2007 does mention the involvement of contractors in health and safety issues. Analysis presented in Chapter 4, identifies that the Construction (Design and Management) Regulations 2007 requires management to consult and obtain the views of workers. This places an obligation on the principal contractor, who is invariably the main contractor on site, to ensure that employees and the self-employed are able to discuss and offer advice on health and safety matters. Other duty holders, such as the client, designer or planning supervisor can also play a part in this process, by ensuring that these issues are incorporated into project objectives and targets for health and safety improvements.

In relation to best practice, the Health and Safety Executive (HSE) Construction Division has established the 'worker engagement' initiative which seeks to:

> '...encourage contractors to move beyond a minimum level of workforce consultation, to a point where the workforce is fully engaged in the process of health and safety management on site.'[304]

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[302] Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)
[303] Health and Safety Executive, *Generating Behaviour Change and Worker Engagement Practices within the Construction Sector* (HSE Books, Research Report 660, 2008)
[304] Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/index.htm> accessed 28 August, 2010

The term worker engagement is referred to in Chapter 2 of the research, suggesting that workers are encouraged to actively participate in health and safety management. The quotation above indicates that the HSE is trying to drive the construction industry to implement worker involvement practices that exceed minimum legal requirements for the provision of information and consultation. It could be suggested from this, that the HSE is aware that many construction projects involve a significant number of contractors and that worker involvement in safety and health practices need to encompass not just employees, but also contractors employed by other organisations.

In an organisation where a large proportion of the workforce is made up of contract labour, it is important to introduce mechanisms to promote worker involvement in safety and health. Guidance produced by the HSE makes specific reference to the importance of co-operation and co-ordination in any client/contractor relationship.[305] This guidance emphasises the need for organisations to implement a pre-qualification assessment when appointing contractors. This assessment can be used to determine whether the contractor has a suitable health and safety management system in place and whether this system includes arrangements for worker involvement in safety and health. Once contractors are on site, the use of company and contractor representatives can be another effective way of enhancing worker involvement in safety and health. The company representative acts as a focal point for health and safety issues between the company and the contractor. This includes ensuring that the contractor is aware of site standards and procedures and periodically checks that the contractor is meeting health and safety obligations. The contractor representative also has responsibilities for ensuring that workers are complying with site safety requirements, along with monitoring their personnel for compliance. Another way in which worker involvement in safety and health can be facilitated is to allow the contractor representative to attend the health and safety committee meetings. This provides an opportunity for the company to discuss relevant health and safety issues with the contracting company, facilitating input from the contractor representative in order to address associated problems.

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[305] Health and Safety Executive, *Use of Contractors: A Joint Responsibility* (HSE Books, INDG 388, 2002)

### *5.3.2 Self-employment*

It is evident that there has been a general increase in self-employment since 2001,[306] with individuals working for themselves, rather than for another company or person. In some industries, notably construction,[307] the growth of self-employment has been considerable and it is reasonable to suggest that more needs to be done to encourage the involvement of the self-employed in the management of health and safety at work. The Health and Safety at Work etc. Act 1974 and associated legislation places duties on those who are self-employed.[308] However, there are no specific duties placed on the self-employed contained in the Act, with regards to worker involvement in safety and health. Some industries have recognised this changing pattern in employment as a significant health and safety issue and have attempted to look at measures to generate greater levels of worker involvement in safety and health. Again, the construction industry is cited as an example through the HSE worker engagement initiative[309] referred to in the previous section. This programme includes examples of best practice, where self-employed workers have been actively involved in health and safety issues on a variety of construction projects.[310]

### *5.3.3 Part-time Working*

Part-time working is becoming more common,[311] with current reports linking the increase in part-time working to the economic recession affecting the UK.[312] Work is generally considered to be part-time when employees are contracted to work for anything less than

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[306] C Lindsay and C Macaulay, *Growth in Self-employment in the UK* (Labour Market Division, Office for National Statistics, 2004)

[307] G Winch, *The Growth of Self-Employment in British Construction* (1998) Construction Management and Economics 16 (5) 538

[308] The general duties under the Health and Safety at Work etc. Act 1974 apply to employers and the self-employed

[309] Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/> accessed 29 August 2010

[310] Health and Safety Executive, 'Clugston Construction' (November 2005) <http://www.hse.gov.uk/construction/engagement/clugston.pdf> accessed 29 August 2010

[311] Office for National Statistics, 'Employment: Rate Rises to 70.7 Per Cent' (13 June 2011) <http://www.statistics.gov.uk/cci/nugget.asp?id=12> accessed 29 August 2010

[312] Telegraph, 'UK Employment Trends Since 2007' (13 June 2011) <http://www.telegraph.co.uk/finance/jobs/> accessed 29 August 2010

normal basic full-time hours.[313] In order to develop levels of worker involvement in safety and health amongst part-time workers there is often the issue of management perception to address. Management may perceive if employees are not working full-time for the organisation, that there is less of a requirement to involve these individuals in health and safety decision making.[314] However, all workers should be involved in health and safety decision making, if they are impacted by work activities.[315] In relation to existing legislation, the Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000 came into force on the 1st July 2000. These regulations cover rights on pay, pensions and holidays, but make no specific references to involvement on health and safety issues at work. Best practice denotes that similar arrangements for worker involvement in safety and health should apply to full-time and part-time workers.[316]

### *5.3.4 Temporary Working*

Another notable form of non-standard employment has been the growth of temporary workers in industry.[317] A temporary worker is someone employed for a limited period whose job is usually expected by both sides to last for only a short time.[318] Temporary workers tend to be used when the number of workers required on a project vary, or to provide cover for permanent staff on holiday, or maternity leave. Temporary workers may be employed directly by the employer, or by private agencies. Again, suitable arrangements for worker involvement in safety and health should be in place where temporary workers are used. When temporary workers are recruited through an employment agency, it is important to consult with a variety of different agencies to

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[313] Organisation for Economic Co-operation and Development, <http://www.oecd.org/> accessed 29 August 2010

[314] Health and Safety Executive, 'HSE Horizon Scanning Intelligence Group Short Report: Flexible Working and Employment Patterns' Horizon Scanning SR003 (September 2006) <http://www.hse.gov.uk/horizons/downloads/precwrkreport.pdf> accessed 10 October 2010

[315] See Chapter 3 for a discussion on the moral, legal and financial arguments for worker involvement in safety and health

[316] Health and Safety Executive, *Your Health and Safety: A Guide to Workers* (HSE Books, HSE27(rev1), 2004)

[317] Department for Business Enterprise and Regulatory Reform, *Agency Working in the UK: A Review of the Evidence* (Employment Relations Research Series, No.93, 2008)

[318] Advisory Conciliation and Arbitration Service (ACAS), 'Changing Patterns of Work' (January 2005) <http://www.acas.org.uk/media/pdf/q/4/B09_1.pdf> accessed 10 October 2010

compare the services they provide, including screening and testing methods. All temporary workers should be provided with a written statement of their main terms and conditions of employment. Even though these workers are not full time, references can still be made in this statement for temporary workers to contribute to health and safety management. Although temporary workers are not employed on permanent contracts, the same arrangements applied to permanent workers, for promoting worker involvement in safety and health, should be provided to temporary workers.

### *5.3.5 Teleworking*

In response to the Government's commitment to support flexible working,[319] teleworking has become more apparent. Tele-working permits employees to conduct all or part of their working week at a location remote from the employers' workplaces, with statistics indicating that the number of teleworkers in the UK has increased by around 65 to 70 per cent over the period 1997 to 2001.[320] Homeworking is regarded as a form of teleworking. Teleworkers commonly include sales representatives and delivery drivers, but also an increasing number of managerial and professional staff spend their working days away from their office base and communicate on a remote basis using computers and faxes. The HSE has produced guidance that relates to homeworking, however this only makes brief and generic references to the requirement, under Section 2(4) of the Health and Safety at Work etc. Act 1974, that safety representatives appointed by a recognised trade union can represent homeworkers in consultations with employers about health and safety matters.[321] Consultation, as identified in the thesis, does not provide sufficient influence on health and safety decision making.[322] Furthermore, there is no reference in the HSE guidance with regards to how consultation should be facilitated

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[319] Prime Minister's Office, 'Queen's Speech – Flexible Working and Equal Pay' (25 May 2010) <http://www.number10.gov.uk/queens-speech/2010/05/queens-speech-flexible-working-and-equal-pay-50606> accessed 29 August 2010

[320] Office for National Statistics, 'Teleworking in the UK: The Trends and Characteristics of Teleworking in the UK and Comparisons with Other Western Countries' (13 June 2011) <http://www.statistics.gov.uk/cci/article.asp?id=232> accessed 30 August 2010

[321] Health and Safety Executive, *Homeworking: Guidance for Employers and Employees on Health and Safety* (HSE Books, C200, INDG 226, 2006)

[322] See Chapter 3 for a discussion on consultation and the limitations associated with this form of worker involvement in safety and health

where homeworkers are employed by an organisation with no trade union recognition. An additional factor that has to be considered in relation to teleworking is that many of these workers are classed as lone workers. A lone worker, by definition, is someone that carries out work by themselves without close supervision.[323] Arrangements put in place to support worker involvement in safety and health can assist in the wider management of risks to lone workers, by ensuring that regular communication is facilitated between employers and lone workers.

### *5.3.6 Shift Working*

Shift work is another non-standard pattern of employment that appears to be on the increase.[324] Although there is no specific definition of shift work in law, it is usually referred to as a pattern of work where one employee replaces another on the same job within a 24 hour period.[325] The number of shift workers in the UK has gradually increased over the last 25 years, reaching a peak in 2000, when around 15% of the working population (approximately 3.8 million people) worked shifts 'most of the time'. Since then, numbers have stabilised with shift work being undertaken by 14% of the working population in 2009.[326] The Working Time Regulations 1998 govern the hours that people can work and prescribe special health provisions for night workers, however no requirements are contained in these regulations with regards to worker involvement in safety and health.

Research has identified substandard practices prevalent during night shifts, due to lower levels of supervision and greater levels of worker fatigue.[327] Specific guidance has been published by the HSE on the management of shift work.[328] This guidance makes some

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[323] Health and Safety Executive, *Working Alone: Health and Safety Guidance on the Risks of Lone Working* (HSE Books, INDG 73(rev2), 2009)
[324] Advisory Conciliation and Arbitration Service (ACAS), 'Changing Patterns of Work' (January 2005) <http://www.acas.org.uk/media/pdf/q/4/B09_1.pdf> accessed 10 October 2010
[325] T McOrmond, *Changes in Working Trends Over the Last Decade* (2004) Labour Market Trends 112 (1) 28
[326] Office for National Statistics, *Labour Force Survey 1992-2005* (The Stationery Office, 2005)
[327] Health and Safety Executive, *Shiftwork, Health and Safety: An Overview of the Scientific Literature 1978-1990* (HSE Books, Contract Research Report 31, 1992)
[328] Health and Safety Executive, *Managing Shift Work* (HSE Books, HSG 256, 2006)

interesting references to worker involvement in safety and health, beyond the usual mantra of workforce consultation via safety representatives. In particular, it is recommended that a broad spectrum of the workforce is involved in health and safety decision making to promote a 'culture of openness'. The guidance also refers to establishing a working group comprising of workers, safety representatives, safety advisors, supervisors and management, to identify ways of managing the health and safety risks associated with shift work. This is a form of direct worker participation in health and safety management as defined in the research.[329] However, despite some of the best practice on worker involvement in safety and health contained in guidance, the existing health and safety legislation does not sufficiently address the involvement of shift workers.

### *5.3.7 Migrant Labour*

The number of migrant workers in the UK has grown in recent years, following the expansion of the European Union on 1st May 2004 to include the Central and Eastern European Accession States, and the creation of new work schemes for sectors experiencing labour shortages.[330] There are no precise figures for the number of new migrants in the labour force, however the available statistics suggest that their number is growing and that in some regions and industrial sectors or occupations, they form a significant proportion of the workforce.[331] The HSE has undertaken research assessing the health and safety risks associated with the influx of migrant labour. This research suggests that migrant workers experience higher levels of accidents and higher levels of physical and mental ill health that is work related.[332]

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[329] See Chapter 2 for a definition of participation and other forms of worker involvement in safety and health, in the context of this research

[330] C Drew and D Sriskandarajah, *EU Enlargement in 2007: No Warm Welcome for Labor Migrants* (Institute for Public Policy Research, 2007)

[331] Data from the Labour Force Survey (LFS) 2005 quarterly return estimated that 1.405 million people of working age are migrant workers who have arrived in the UK in the last 5 years

[332] Health and Safety Executive, *Migrant Workers in England and Wales: An Assessment of Migrant Worker Health and Safety Risks* (HSE Books, Research Report 502, 2006)

To promote worker involvement in safety and health amongst migrant labour, it is important that health and safety information is displayed around worksites, with use being made of pictorial representations and internationally recognised signs. Where information has to be provided in English it should be very clear and simple. HSE research has identified that cultural differences need to be taken into account when involving workers from different countries.[333] In particular, some nationalities may not feel comfortable to speak up about health and safety matters. Another point to note in relation to worker involvement in safety and health, is to encourage that health and safety representatives and committees reflect the membership they represent. This can be achieved by allowing those members of the migrant labour force with a greater command of English to attend health and safety committee meetings.

Involving workers, whose first language is not English, is a significant challenge when introducing worker involvement in safety and health practices in organisations employing migrant labour. If workers have difficulties understanding English, or have low literacy levels, there are a number of further ways that communication problems can be addressed to encourage worker involvement.[334] An important consideration is to ensure adequate time is provided to workers with poor language or literacy levels, to absorb the necessary information. The use of interpreters can also encourage workers to express views in their preferred language. If the use of an interpreter is impractical, possibly due to the size of the workforce, or a lack of resources, then a colleague can be used to interpret, although training may be required in order to perform this role. Translating information is another way of promoting worker involvement in safety and health from migrant workers, providing the information is checked thoroughly for completeness and clarity once it has been done.

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[333] Health and Safety Executive, *Cultural Influences on Health and Safety Attitudes and Behaviour in Small Business* (HSE Books, Research Report 150, 2003)

[334] P Bust, A Gibb and S Pink, *Managing Construction Health and Safety: Migrant Workers and Communicating Safety Messages* (2008) Safety Science 46 (4) 598

The HSE has developed a specific migrant workers website[335] and improved its multi-lingual information to provide guidance to workers from overseas, catering for a diverse range of languages.[336] In addition, further guidance has been developed by the Trades Union Congress (TUC) aimed at safety representatives and other union officials who work with migrant workers, to ensure that their rights are protected.[337] This guidance focuses on the importance of engaging migrant workers and gives practical advice and examples of how safety representatives can promote worker involvement in safety and health. Consultation is promoted in the guidance by recommending that migrant workers join trade unions, where applicable, and there are even examples given where migrant workers can directly participate in health and safety, for example by ensuring that migrant workers not only see, but are permitted to comment on risk assessments. However, despite recent regulatory developments to protect the rights of migrant workers,[338] there still remains limited specific reference to worker involvement in safety and health in these requirements.

## 5.4 The Emergence of Occupational Health Issues

Another major development over the last few decades has been the rise in the importance of occupational health. This is a notable change worthy of discussion, as at the time of the introduction of the Health and Safety at Work etc. Act 1974, worker involvement interventions were aimed primarily at addressing safety issues. Worker involvement in safety health practices have been presented in the thesis as a way of tackling health *and* safety issues. However, it appears that the present legal framework is more slanted towards worker involvement in relation to safety issues. The introduction of the Control

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[335] Health and Safety Executive, 'Migrant Workers' <http://www.hse.gov.uk/migrantworkers/about.htm> accessed 30 August 2010

[336] Health and Safety Executive, 'Languages' <http://www.hse.gov.uk/languages/index.htm> accessed 30 August 2010

[337] Trades Union Congress, *Safety & Migrant Workers: A Practical Guide for Safety Representatives* (TUC Publications, London, 2007)

[338] The issue of the safety of migrant workers in the UK became a national issue when at least 23 workers were killed by rising tides while harvesting cockles in Morecambe Bay. This incident led to the introduction of the Gangmasters (Licensing) Act 2004

of Substances Hazardous to Health (COSHH) Regulations 1988[339] began to draw attention to health issues in the workplace, however it was not until the effects of asbestos became apparent during the 1990s that a more strategic approach to managing health risks emerged. This can be evidenced by the major review of occupational health risks completed by the Health and Safety Commission (HSC) in 1993/94. This review concentrated on 10 separate risks that were believed to be responsible for 90% of cases of ill health. This was followed by the launch of the HSC's and HSE's campaign 'Good Health is Good Business', which specifically targeted Small and Medium Sized Enterprises (SMEs).[340]

It could be argued that management interventions need a different approach when addressing health issues, in comparison to safety problems.[341] The main problem in dealing with occupational health issues is the concept of latency. When individuals have been exposed to a health hazard it often takes years for the consequences to become evident. Asbestos exposure provides a relevant example of latent health effects, with an estimated period of 20-40 years between exposure and ill health effects.[342] Furthermore, many occupational health hazards are insidious and often difficult to detect and manage. In recent years, occupational health issues, such as stress, have revealed the impracticability of applying traditional health and safety interventions and controls.[343] Worker involvement interventions may therefore have to differ significantly when tackling occupational health issues. For example, worker involvement strategies for managing stress should focus more on people and encouraging individuals to raise concerns. In comparison, worker involvement initiatives suitable for addressing safety hazards may involve greater emphasis on site based observations of activities and existing controls.

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[339] The original COSHH Regulations were published in 1988 and came into force in October 1989. They were re-enacted in 1994 with modifications and improvements, and the latest modifications and additions came into force in 2002

[340] Health and Safety Executive, *Good Health is Good Business: Employer's Guide* (HSE Books, MISC196, C1000, 1999)

[341] Health and Safety Executive, *Health Risk Management: A Practical Guide to Managers in Small and Medium Sized Enterprises* (HSE Books, HSG137, 1995)

[342] Health and Safety Executive, *The Asbestos Survey: Mortality Among Asbestos Workers 1971 – 2005* (HSE Books, Research Report 730, 2009)

[343] Health and Safety Executive, *How to Tackle Work-Related Stress* (HSE Books, IDG 430, 2009)

The HSE is aware of the importance of worker involvement in the management of occupational health. In 2000, the HSC launched 'Securing Health',[344] a strategy which established a partnership approach to deliver a 20% reduction in the rate of ill health by 2010. The HSC's strategy for 2010 asserts that, among all the challenges facing organisations and society as a whole, occupational health demands a long term collaborative approach. The term partnership is at the core of this strategy, inferring that the targets set for improving performance cannot be met unless relevant stakeholders are prepared to work together and embrace health issues. These comments suggest that occupational health issues are becoming more prevalent and that innovative strategies are needed for involving workers.

## 5.5 Information and Communication Technologies

The workplace has seen a huge growth in the use of information and communication technology (ICT), as well as rapid changes in the type of technology used, including computer networks, electronic data interchange and the internet. The previous section identified the growing emergence of occupational health issues and some of these issues are linked to the influence of ICT. For example, ergonomic problems associated with the use of display screen equipment are well documented.[345] Previous discussion on deindustrialisation touched upon the potential of worker involvement in safety and health to tap into the growing presence of ICT. A relevant example is the popularity of social networks. The Institution of Occupational Safety and Health (IOSH) make use of such networks, as evidenced by their occupational safety forums. These forums provide the opportunity for anyone to raise health and safety questions. Questions can typically be addressed by health and safety practitioners, who possess an understanding of the related subject matter.

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[344] Health and Safety Executive, *Securing Health Together* (Strategy Statement, C250, 2000)

[345] See Health and Safety Executive, *Upper Limb Disorders in the Workplace* (HSE Books, HSG60, 2002) and Health and Safety Executive, *The Law on VDUs: An Easy Guide: Making Sure Your Office Complies With the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002)* (HSE Books, HSG90, 2003)

## 5.6 Social Expectations

It has been argued that social expectations have changed since the introduction of the Health and Safety at Work etc, Act 1974, with regards to health and safety issues at work.[346] These changes in social expectations include a growing intolerance of risk on the part of the public, where risks are no longer considered to be an inevitable aspect of working life. There is also a growing expectation of access to information and greater demand for public involvement in decision-making affecting public safety.[347] Some of these changes in social expectations appear linked to the development of the freedom of information agenda, which is now prominent in the UK.[348] In relation to worker involvement in safety and health, it is suggested that these changes in social expectations have resulted in workers developing an increasing desire to be involved in decisions relating to their health and safety. The Chapter has noted that flexibility is at the heart of the modern workplace and a versatile approach is increasingly required, as employees continually seek greater control of how and when they do their work. These changes in social expectations may result in greater pressure being exerted on employers to actively involve workers in health and safety decision making.

Changing social expectations have created an increased desire for a range of stakeholders to be involved in health and safety decision making. Furthermore, technological developments have enhanced the ability to engage directly with the public, employers and employees. In response to these pressures, the HSE has had to examine new ways of engaging with a wider range of stakeholders, going beyond the traditional concept of employee and employer consultation. Increasing the involvement of others to promote full participation in improving health and safety was also one of the key strategic themes supporting the Revitalising Strategy published in June 2000, by the Health and Safety

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[346] P James and D Walters, *Regulating Health and Safety at Work* (Institute of Employment Rights, London, 1999)

[347] Health and Safety Executive, *Review of the Public Perception of Risk and Stakeholder Engagement* (HSE Books, HSL/2005/16, 2005)

[348] The introduction of the Freedom of Information Act 2000 greatly increased public rights to information in the UK. For more information visit the Ministry of Justice website, who are responsible for the freedom of information policy in the UK: Ministry of Justice, 'Freedom of Information Policy' <http://www.justice.gov.uk/about/freedom-of-information.htm> accessed 30 August 2010

Commission and the Department for Environmental Transport and the Regions (DETR).[349] Among the aims were effective participation of employees in hard to reach groups, such as ethnic minorities. Greater synergy with Local Authorities (LAs), who were recognised as playing a vital role in the growing service sector, was also identified. More recently, the HSC's strategy to 2010 has taken the idea of participation one step further, establishing the need to involve society as a whole in the wider health and safety system.[350] The strategy recognises the limited resources of the HSE and LAs, emphasising the importance of understanding and valuing the contribution of others. This includes employers, employees, the trade unions, insurers, occupational health professionals, government departments, the media, the public and trade associations.

## 5.7 Potential Further Changes

It has been suggested that changes in the work are due to continue, providing the HSE with further challenges for the effective regulation of health and safety. One of the most striking demographic changes that could impact the UK economy is the ageing workforce. In the UK, the number of people over 60 is expected to rise 50% by 2030.[351] This presents new health and safety challenges, as older workers are required to remain in employment and contribute to society. This could generate challenges for the management of worker involvement in safety and health as older workers are likely to require flexible working arrangements. Older workers may also have a greater propensity for homeworking, with the Chapter noting that the involvement of homeworkers in health and safety issues requires different strategies and initiatives.

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[349] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[350] Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)
[351] Health and Safety Executive, *Thirty Years on and Looking Forward: The Development and Future of the Health and Safety System in Great Britain* (HSE Books, C25, 2004) 13

Another emerging trend is the increasing percentage of women in the workforce. In the UK, participation rates of women have risen quite steadily over the past 20 years.[352] Many women work in the service sector, particularly the caring services, with the growth in the service sector likely to lead to more women being in paid employment. It has been argued that women face different risks to men in the workplace.[353] This has been put down to the fact that women are physically different from men and that women tend to work in specific areas, unlike men, who are evenly spread across all occupational groups. The health and safety problems experienced by women are different to those faced by men. Yet, the HSE apply the same standard for both women and men, in terms of work methods and work equipment. Subsequently, worker involvement practices may need to adjust to cater for the increasing number of women in the workforce. This should incorporate the need for a gender sensitive approach, ensuring that the risks to women are properly recognised and managed.

Globalisation is another significant trend that may have an impact on the management of worker involvement in safety and health. Organisations are increasingly outsourcing operations and displacing workers to different parts of the world. Although these operating companies are located in different countries, the employer still owes a duty to involve these workers in health and safety decision making. The following Chapter identifies that many countries, both in and outside the European Union, have legal requirements relating to worker involvement in safety and health, often requiring stronger forms of involvement than the UK. Globalisation requires organisations to develop an understanding of requirements for worker involvement in safety and health in different countries. Organisations also need to have an understanding of cultural issues as globalisation develops. This includes an awareness of cultural conventions that may influence worker involvement in safety and health and how these issues should be managed.

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[352] Institute for Employment Studies, 'Women in the Labour Market: Two Decades of Change and Continuity' (October 1995) <http://www.employment-studies.co.uk/pubs/summary.php?id=294> accessed 30 August 2010

[353] Unison, *Women's Health and Safety: A Guide for Unison Safety Representatives* (TUC Publications Department, 2001) 6

## 5.8 Developments in Legislation and Guidance

The HSE is fully aware of the requirement for health and safety legislation to be relevant to the modern world of work. This comment is justified by references in the Revitalising Health and Safety strategy.[354] One of the key aims of the Revitalising strategy was to ensure that the approach to health and safety regulation remained applicable to changing employment patterns. Action Point 16 of the strategy required the HSC to consider whether the Health and Safety at Work Act., 1974 should be amended, in response to the changing world of work, in particular to ensure the same protection is provided to all workers regardless of their employment status. The HSC were responding to concerns that the existing core legislation relating to the regulation of health and safety was not applicable to changing employment patterns, particularly the growth of self-employed workers, peripatetic workers and homeworkers. As the Health and Safety at Work etc. Act 1974 represents the principal legislation relating to worker involvement in safety and health, the implication therefore is that the Act may also be outdated in its approach to support worker involvement in safety and health practices. Furthermore, the Revitalising Health and Safety strategy makes particular reference to the need to look for new ways of promoting worker involvement in safety and health, in consideration of the changing labour market and limited trade union presence in many industries.

One of the suggestions made in the Revitalising Health and Safety strategy for reaching workers who are not represented by safety representatives was to have a wider system of 'roving' safety representatives.[355] In Sweden, workers in smaller workplaces have long enjoyed statutory entitlement to representation on health and safety matters, embodied by the regional safety representatives (RSR) scheme.[356] The scheme, which allows workplaces with as few as five employees to elect health and safety representatives, has existed for around 50 years in the construction and forestry industries and was extended

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[354] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[355] Ibid 29
[356] K Frick and D Walters, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 370

to all sectors about 25 years ago.[357] The Swedish RSR scheme is significant, in terms of its magnitude and statutory basis, and has been fundamental in promoting and supporting occupational health and safety. In the UK, a small group of roving safety representatives were appointed as part of a trade union's pilot in the agricultural sector in the South of England.[358] However, the pilot study, which mimicked the Swedish approach, by trying to improve involvement in health and safety in small enterprises, experienced only limited success in comparison to the Swedish scheme. Although the roving safety representative scheme may have faltered in the UK, it is arguable that lessons can be learnt from the Swedish approach for improving access to worker representation in small workplaces.[359]

To test further ways of encouraging worker involvement in safety and health applicable to the modern world of work, the HSE piloted the Worker Safety Advisers (WSA) initiative, in 2002. This initiative was aimed at increasing worker involvement in safety and health in small organisations. It provides an example of where partnerships between trade unions, employers and workers can lead to improvements in small organisations, which do not have trade union recognition. The pilot ran in four sectors (automotive engineering, construction, hospitality and the voluntary sector) and two thirds of the employers participating in the pilot had less than twenty-five employees.[360] Changes in the approach to health and safety were reported by three quarters of the employees. Specific changes included; joint training for managers, the production of new and / or revised policies and procedures, and the involvement of workers in risk assessments.[361]

Following on from the success of the pilot, the Workers' Safety Adviser Challenge Fund was launched in 2003 with three million pounds of funding allocated to the initiative,

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[357] Health and Safety Executive, *Employee Consultation and Involvement in Health and Safety* (Discussion Document, 2000)
[358] Health and Safety Executive, *Measuring the Effect of Health and Safety Advisors and Roving Safety Representatives in Agriculture* (HSE Books, Research Report 417, 2006)
[359] Chapter 6 provides further analysis of the statutory requirements for workplace representation in Sweden
[360] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Books, Research Report 296, 2005)
[361] Health and Safety Executive, *The Worker Safety Adviser (WSA) Pilot* (HSE Books, Contract Research Report 144, 2003)

over a three year period. This had the overall aim of promoting greater employee involvement in health and safety. Unfortunately, in March 2007, despite evidence[362] indicating that the fund had helped engender positive attitudes to worker involvement in safety and health, improved perception of health and safety, increased levels of worker involvement in some areas and had reached small organisations and hard-to-reach groups of workers, a decision was taken to discontinue the fund.[363] Following on from the decision to terminate the Worker's Safety Advisor Initiative, there is limited further evidence that the HSE has continued to look at ways of promoting worker involvement in safety and health practices applicable to the modern world of work. Furthermore, the UK Government has exhibited an unwillingness to amend the existing statutory framework.

## 5.9 Conclusions

One of the fundamental assumptions of the thesis is that worker involvement in safety and health practices must remain relevant to the modern world of work to generate a positive impact on health and safety performance. This assertion is drawn from a correlation that the HSE consider that health and safety regulation must remain relevant to changes in the world of work, to bring about further improvements in health and safety performance.[364] However, the Health and Safety at Work etc. Act 1974, as the principal Act of Parliament, providing the general framework for worker involvement in safety and health, was placed on the statute book over 30 years ago. Since then, the world of work has changed, both in the kind of work being performed and the structure of the labour market. Although the Chapter identifies there is a need to develop and amend existing statutory provisions, it seems predictable that the government will continue advocating a different approach, emphasising voluntary action and self-regulation.[365] In line with the

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[362] Health and Safety Commission, *Worker Involvement: Proposals on the Future of the Worker's Safety Advisor Initiative and First Findings from the Consultation Exercise* (HSC/06/88, 2006)
[363] Health and Safety Executive, 'Health and Safety Commission Minutes' (7 November 2006) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2006/051206/cm10.pdf> accessed Monday 26 July 2010
[364] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[365] P James and D Walters, *Regulating Health and Safety at Work: An Agenda for Change* (Institute of Employment Rights, 2005)

self-regulatory model, the focus is on providing industry specific guidance, as opposed to bringing about further changes in legislation. This pattern is indicated by the plethora of guidance that has been published on worker involvement.[366]

Existing legislation in the UK, relating to worker involvement in safety and health, does not appear to address some of the dramatic socio-economic changes that have occurred in recent times. Guidance has been developed to take into account some of these significant changes, but there is still the need to translate this information into legal requirements, to ensure that employers develop worker involvement in safety and health arrangements applicable to modern industrial working patterns. As discussed in Chapter 4, a revised legal framework needs developing to promote stronger forms of worker involvement in safety and health. However, this legal framework should ensure that worker involvement in safety and health practices are in line with the changes in the world of work that have occurred since the introduction of the Health and Safety at Work etc. Act 1974.

The Chapter has given practical examples of how worker involvement in safety and health practices can be adapted to cater for the major changes in the world of work. In addition to revised statutory instruments, there exists a need for further specific guidance on how to promote worker involvement in safety and health, in consideration of the changes in the world of work, particularly non-standard patterns of employment. This Chapter also alludes to some of the lessons that can be learnt from other countries, when looking to develop and improve worker involvement in safety and health. The research now moves on to explore in more detail how the UK can learn further from the experiences of other countries in this area.

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[366] See Health and Safety Executive, *Involving Your Workforce in Health and Safety* (HSE Books, HSG 263, 2008) for a recent example

# 6 LESSONS FROM INTERNATIONAL APPROACHES TO WORKER INVOLVEMENT IN SAFETY AND HEALTH

The two preceding Chapters consider how legislation and guidance in the UK, relating to worker involvement in safety and health could be improved. This Chapter shifts the focus of analysis from the UK and provides a global perspective on worker involvement in safety and health. This is of particular importance in the context of the research, as the growing influences of globalisation and outsourcing have resulted in many UK organisations spreading operations to other parts of the world.[367] In consideration of the differing international approaches to worker involvement in safety and health, the Chapter first looks at the stance of the International Labour Organization (ILO) on this issue. This analysis is of interest, in respect to the level of worker involvement in safety and health that the ILO regards as acceptable, as detailed in published ILO labour standards on occupational health and safety. It is evident that the ILO's approach to worker involvement in safety and health shares similarities with the philosophy recognisable within European legislation.

In looking to improve the effectiveness of worker involvement in safety and health in the UK, there may be lessons to learn from the experiences of other countries. However, a complete comparative analysis of worker involvement in safety and health is beyond the confines of a single chapter, particularly in recognition of the substantial volume of relevant literature. Therefore, the approach is to consider a limited number of countries that have promoted innovative approaches to encourage worker involvement in safety and health. In particular, lessons are drawn from successful worker involvement practices elsewhere in the European Union, with a focus on Scandinavia. Legal requirements and guidance relating to worker involvement in safety and health in Canada, Australia and New Zealand, are also evaluated. Throughout the analysis in the Chapter, transferable practices which could be introduced in the UK are identified. However, caution is exercised in making recommendations for developments in

[367] For differing perspectives on the impacts of globalisation see J Stiglitz, *Globalization and its Discontents* (Penguin Books, London, 2002) and J Bhagwati, *In Defence of Globalization* (Oxford University Press, New York, 2004)

legislation and guidance in the UK, due to significant cultural variations that may influence the effectiveness of worker involvement practices in different parts of the world. Despite these obstacles, by the end of the Chapter, conclusions are presented, with respect to key lessons that can be learnt from other countries in this field.

## 6.1 The Stance of the International Labour Organization (ILO) on Worker Involvement in Safety and Health

The International Labour Organization (ILO) plays an important role in developing common health and safety standards, particularly in developing countries.[368] This is achieved through the creation of International Labour Standards, in the form of Conventions and Recommendations. Conventions are legally binding obligations and once ratified by individual member states are assimilated into national law, in a similar fashion to the UK government introducing legislation to meet the requirements of a European Directive. Recommendations however, are not legally binding and do not require ratification by member countries. Conventions establish the broad framework for managing a particular issue, whilst Recommendations generally supplement the latter, and establish more specific and technical provisions.[369] Again, the comparison can be made to the UK legislative framework, where specific Regulations augment the more general requirements established by an Act of Parliament.

This section considers the requirements for worker involvement contained in broader labour standards and then focuses upon provisions contained in labour standards specifically relating to occupational health and safety. It is important to consider the stance of the ILO, as their labour standards relating to worker involvement in safety and health establish minimum standards that should be met by any country in the world. This discussion therefore provides a contextual background, against which the legislative provisions in different jurisdictions can be evaluated.

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[368] International Labour Organization, <http://www.ilo.org> accessed 28 August 2010

[369] See International Labour Organization, 'Labour Standards' <http://www.ilo.org/global/standards/lang--en/index.htm> accessed 5 December 2010 for more information on the work of the ILO in developing International Labour Standards

### *6.1.1 ILO Generic Labour Standards Relating to Worker Involvement in Safety and Health*

The ILO has a long history of promoting social dialogue on labour-related issues. Convention 87 (1948)[370] on Freedom of Association and the Right to Organise and Convention 98 (1949)[371] on the Right to Organise and Collective Bargaining are illustrative of the ILO's perspective that appropriate steps should be taken to promote consultation and cooperation between employers and workers at enterprise level on matters of mutual concern. The UK was the first country to ratify both Conventions on 27th June 1949 and 30th June 1950, respectively. However, the UK Government never introduced any legislation, on the basis of the belief that compliance was already being achieved with the standards contained in these two instruments.[372] Since then, a range of further labour standards relating to worker involvement have been adopted. Recommendation 94 (1952) on Cooperation at the Level of Understanding suggests that cooperation should be facilitated in the organisation by the encouragement of voluntary agreements between parties, or by the promotion of laws and regulations regarding the establishment of consultation and co-operation bodies.[373] These laws or regulations should determine the scope, functions, structure and methods of operation for such bodies, as appropriate to national conditions. Recommendation 129 (1967) on Communications within the Undertaking, outlines the requirement for a communication policy, which should address the most appropriate ways for communicating and exchanging information.[374]

Worker participation is addressed in Recommendation 130 (1967) on the Examination of Grievances.[375] The Recommendation states that any worker should have the right to

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[370] International Labour Organization, C87 Freedom of Association and Protection of the Right to Organise Convention, 1948
[371] International Labour Organization, C98 Right to Organise and Collective Bargaining Convention, 1949
[372] P Davies and M Freedland, *Labour Legislation and Public Policy* (Open University Press, 1993) 42-43
[373] International Labour Organization, R94 Co-operation at the Level of Undertaking Recommendation, 1952
[374] International Labour Organization, R129 Communications with the Undertaking Recommendation, 1967
[375] International Labour Organization, R130 Examination of Grievances Recommendation, 1967

submit a grievance, relating to employment conditions or labour relations, without suffering prejudicial consequences, and have it examined according to appropriate procedures. Further applicable requirements are contained in Convention 135 (1971)[376] and Recommendation 143 (1971),[377] concerning the protection and facilities to be provided to workers representatives in the workplace. Convention 135 contains the requirement that workers representatives can either be appointed by a trade union, or elected by members of the workforce. Furthermore, Convention 158[378] and Recommendation 166,[379] both adopted in 1982, relate to the termination of employment and contain requirements for worker involvement, including the need to ensure that workers representatives are consulting on the proposed termination of employment contracts, in order to avert, minimise or mitigate negative repercussions.

### *6.1.2 ILO Occupational Health and Safety Labour Standards Relating to Worker Involvement in Safety and Health*

It is clear from the previous section, that there are numerous generic international labour standards published by the ILO that include requirements for worker involvement. The ILO has also adopted many labour standards that relate specifically to the field of occupational health and safety, with these standards including requirements for worker involvement in safety and health. European Union countries have a poor record of ratifying these ILO health and safety at work conventions.[380] In many cases, EU countries may believe that a decision to ratify ILO Conventions is not necessary, where existing in-country legislation supersedes the requirements established by the ILO. However, in the context of the research, as noted, ILO requirements are important as they clarify the levels of worker involvement in safety and health and associated practices that the ILO perceive should be implemented as minimum requirements at an international level.

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[376] International Labour Organization, C135 Workers' Representatives Convention, 1971
[377] International Labour Organization, R143 Workers' Representatives Recommendation, 1971
[378] International Labour Organization, C158 Termination of Employment Convention, 1982
[379] International Labour Organization, R166 Termination of Employment Recommendation, 1982
[380] B Boockmann, *Domestic Political Determinants of Treaty Ratification: The Acceptance of ILO Conventions by Industrialised Countries* (Centre for European Economic Research, ZEW, 2001)

Convention C155 (1981) is widely regarded as the most important ILO labour standard relating to occupational health and safety.[381] It provides a broad and generic foundation for any country looking to implement a framework of health and safety law. The Convention is structured in relation to what should be implemented at a national level, in terms of a national policy and enforcement arrangements, and requirements at a local level, for various industries and sectors in the country. As previously identified, ILO Conventions are adopted in a relatively general form, as their ratification by member states is often followed by the development of national law. The generic nature of ILO Conventions ensures that the requirements of the Convention can be met in any part of the world, and allows for adjustments to take into account local and cultural variations. Convention C155 is supplemented by Recommendation 164 which provides detailed and technical guidance in support of the Convention.[382]

Most of these requirements contained in Convention C155 are based around the formation of an effective management system for health and safety, with policy development, organising for safety, planning and implementation and measuring performance all receiving attention. In relation to worker involvement however, Article 19 of C155 states that there should be arrangements at the level of the undertaking under which:

> '(c) representatives of workers in an undertaking are given adequate information on measures taken by the employer to secure occupational health and safety and may consult their representative organisations about such information provided they do not disclose commercial secrets;'

The same standard adds that under these arrangements, workers or their representatives must be 'enabled to enquire into and are consulted by the employer, on all aspects of

[381] International Labour Organization, C155 Occupational Safety and Health Convention, 1981
[382] International Labour Organization, R164 Occupational Safety and Health Recommendation, 1981

occupational health and safety associated with their work.' For this purpose, 'technical advisers may, by mutual agreement be brought in from an outside undertaking.'[383]

ILO Recommendation No. 164 supplementing Convention No. 155 (Paragraph 12) states that information and consultation rights on health and safety matters should be granted to a variety of participatory institutions, including workers' safety delegates, workers' safety and health committees, joint safety and health committees and other workers' representatives. The recommendation lays down important principles affecting the nature and content of information and consultation. These practices should enable the above mentioned specialised forms of workers' representation 'to contribute in the decision-making process at the level of undertaking regarding matters of safety and health' (Article 12(e)). Workers and their representatives should '(a) be given adequate information on safety and health matters, enabled to examine factors affecting safety and health and encouraged to propose measures on the subject'. They should also '(b) be consulted when major new safety and health measures are envisaged and before they are carried out and seek to obtain the support of the workers for such measures' and be consulted '(c)... in planning alterations to work processes, work content or organisation of work, which may have safety or health implications for workers'.

The previous discussion on generic ILO labour standards refers to the concept of a communications policy in Recommendation 129.[384] This requirement is of relevance to worker involvement in safety and health. The principle under which 'representatives of the workers... should be informed and consulted in advance by the employer on projects, measures and decisions which are liable to have harmful consequences on the health of workers' reflects the idea of an 'effective policy of communication' stated in general terms by Paragraph 3 of ILO Recommendation 129. This requires that 'information is given and that consultation takes places between the parties concerned before decisions on matters of interest are taken by management'. In order to make these practices

[383] International Labour Organization, C155 Occupational Safety and Health Convention, 1981
[384] International Labour Organization, R129 Communications with the Undertaking, 1967

effective, 'steps should be taken to train those concerned in the use of communication methods'.

From the overview of ILO requirements presented above, it appears that the participative approach to labour relations advocated by the ILO has many similarities to the European approach, established by the Framework Directive 89/391/EEC. The references to information and consultation, safety representatives and safety committees possibly align ILO requirements even more closely to existing legislation in the UK. In particular, the qualified liability of 'so far as is reasonable practicable' referred to in ILO Conventions and Recommendations, is also present in existing UK legal requirements. The general requirements for information and consultation established in ILO Convention No. 155 are to be implemented 'so far as is reasonably practicable', suggesting that decision making has to balance the associated risks against the cost, time and difficulty in managing that risk. This means that where the cost is grossly disproportionate to the associated risks, that remedial action does not need to be taken. This is in a similar fashion to UK legal requirements in the field of health and safety at work.

The ILO has played a significant role in strengthening labour rights. However, in recent times the agency appears to be creating a divide between human rights and health and safety issues.[385] In 1998, the ILO adopted the Declaration on Fundamental Principles and Rights at Work. This declaration states that all ILO member states should have ratified at least 8 key international labour standards. However, nothing in the declaration applies specifically to health and safety. In relation to worker involvement at an international level, it is noteworthy that two out of the eight conventions relate to freedom of association.[386] Essentially, the ILO made a statement that workers around the world were entitled to some form of representation in relation to issues affecting their employment. With the ILO's decision to specify which Labour Standards were important, many

[385] P Alston, *Core Labour Standards and the Transformation of the International Labour Right Regime* (2004) European Journal of International Law 15 (3) 460

[386] See ILOLEX database at International Labour Organization, 'ILOLEX Database of International Labour Standards' <http://www.ilo.org/ilolex/english/convdisp1.htm> accessed 5 December 2010 C87 Freedom of Association and Protection of Right to Organise, 1948 and C98 Right to Organise and Collective Bargaining, 1949

countries were quick to ratify the respective conventions related to human rights. This has resulted in a clear divide as, although many human rights conventions have been ratified, it has removed the focus internationally from the conventions that address health and safety. The divide created by this decision is arguably false, as many health and safety issues are inexorably linked to human rights. However, it has provided affirmation that the ILO regards worker involvement to be a fundamental human right.

## 6.2 Worker Involvement in Safety and Health Elsewhere in the European Union

The European Trade Union Institute (ETUI), which is financially supported by the European Union, has launched a website which provides information on what is happening at EU level in the field of worker involvement and the national background to industrial relations in each of the 27 EU member states.[387] The website is intended to contribute to a better mutual understanding, by offering basic information on all EU member states, in respect of trade unions, collective bargaining, workplace representation, board-level representation and the selection procedures for EU level bodies, such as European Works Councils. Although the website is not specifically tailored to health and safety, it does include detailed information on requirements for worker involvement in safety and health in each of the EU countries. There is also a *compare countries* tool, which enables comparisons to be made with regards to one or more of the topics previously mentioned.[388] The website is an example of one of the many resources appearing in response to the need for accurate and easily accessible information on worker involvement at a European level.

Recent legal developments in the UK, relating to worker involvement in safety and health, have been driven by membership of the European Union. The Framework Directive was cited in Chapter 4, as an example of EU legislation requiring member

[387] Worker-Participation.EU, <http://www.worker-participation.eu/> accessed 15 November 2010
[388] Worker-Participation.EU, 'Compare Countries' <http://www.worker-participation.eu/National-Industrial-Relations/Compare-Countries> accessed 15 November 2010

states to establish participative provisions for health and safety at work.[389] Although worker involvement is an important aspect of labour law in the European Union, employee involvement has developed as somewhat of a controversial issue surrounding the European social dimension.[390] The refusal to adopt the Social Charter and the Works Council Directive of 1994 by the then UK Conservative government is reflective of some employer attitudes in Europe, where legislation establishing requirements for worker involvement in safety and health may be viewed as a threat to managerial prerogatives.[391] Despite the conservative approach to developing legal requirements for worker involvement in the UK, in the EU there are a number of examples of countries that have established legislative frameworks with requirements for stronger forms of worker involvement in safety and health. These frameworks are supported by innovative initiatives to encourage worker involvement practices. Some of these jurisdictions are now explored, including Germany, Italy and the Netherlands, before considering Scandinavian approaches to worker involvement in safety and health.

### *6.2.1 Germany*

In Germany employees have an important role in workplace safety through the institution of works councils, which must be set up in every workplace employing 5 or more people.[392] The works council is entitled to obligatory collective co-determination on accident prevention and ill health protection, with the employer unable to make significant changes that may have an impact on health and safety without the works council's agreement. In Germany, the employer is required to send the works council a copy of the organisation's risk inventory. The risk inventory details health and safety risks associated with work activities, supported by an evaluation of the likelihood and consequence of identified risks. Prior consultations must be held with respect to a report that the employer must create upon reflection on the health and safety risks contained in

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[389] Council Directive 89/391/EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work [1989] OJ L183
[390] B Barrett and R Howells, *Occupational Health and Safety Law* (Pitman Publishing, London,1997) 223
[391] R Nielsen and E Szyszczak, *The Social Dimension of the European Union* (Handelshøjskolens Forlag, Copenhagen, 3rd Edition, 1997) 304
[392] Works Constitution Act 1972

the inventory. In the UK, although it is commonplace to prepare risk registers or inventories,[393] there is no specific requirement to provide this information to the health and safety committee, or representative body. If this was created as a legal requirement in the UK, it could be a way of encouraging greater levels of worker involvement in the process of risk assessment.

The German Industrial Safety Law of 1996 permits employees to leave the place of work in the case of direct or severe danger and give employees the right to submit suggestions to the employer regarding health and safety issues. With respect to the enforcement of health and safety standards, employees are able to contact a labour inspector and provide information on health and safety shortcomings. However, they must first raise the issue with the employer, to allow an opportunity to remedy the problem. A representative of the works council can accompany a labour inspector during enforcement visits and be present during the interview, when feedback is provided to the employer on the findings of the visit. The works council is also entitled to details on the corrective actions required following the visit from the labour inspector. From these requirements, it appears that health and safety legislation in Germany permits a highly co-operative approach to dealing with enforcement bodies, an area where UK health and safety legislation could possibly be developed.

### *6.2.2 Italy*

In Italy, the appointment (or election) of safety representatives is required in every workplace or production unit. In the case of very small workplaces (with fewer than 16 employees) a single representative may be chosen by external union organisations for a number of enterprises in a given geographical area or product sector.[394] There is also a minimum number of safety representatives specified in Italian legislation, in consideration of the size of the organisation. In the UK, neither the Safety

[393] Regulation 3 of the Management of Health and Safety at Work Regulations 1999 places a duty on employers to undertake suitable and sufficient risk assessments and record the significant findings

[394] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)

Representatives and Safety Committees Regulations 1977 or Health and Safety (Consultation with Employees) Regulations 1996 lay down the number of safety representatives required in the workplace. The approach in the UK is risk based, with unions and employers determining appropriate numbers in light of local needs and circumstances. This evaluation generally considers the number of employees, the variety of occupations, shift systems, the type of work activity and the degree and character of workplace hazards, in deciding how many safety representatives are required.[395] However, particularly in large workplaces, it may be worthwhile for the UK government to consider a more prescriptive approach for determining the number of safety representatives required. This approach has been adopted in some legislative requirements in the field of occupational health and safety. For example, the Approved Code of Practice supporting the Health and Safety (First Aid) Regulations 1981, specifies the recommended number of first aiders in the workplace, in consideration of the number of employees.[396]

Safety representatives in Italy are to be consulted in advance and in good time on any decisions regarding the prevention of risk to employees' health and physical well-being in the workplace. This approach has enabled safety representatives to contribute to improvements in organisational health and safety performance in Italian workplaces.[397] They are also entitled to receive information relevant to risk assessments and preventative measures, dangerous substances and preparations, machinery, equipment, the organisation of work, the physical work environment, accidents and occupational illnesses. Furthermore, they can put forward comments and proposals in relation to these matters. Safety representatives may ask the authorities for an inspection and they should receive information about the findings.[398] In a similar fashion to UK legal requirements,

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[395] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

[396] Health and Safety Executive, *The Health and Safety (First-Aid) Regulations 1981: Approved Code of Practice and Guidance* (HSE Books, L74, 1997). Table 1 offers suggestions on how many first aiders or appointed persons might be needed in relation to categories of risk and numbers of employees

[397] Health and Safety Executive, *The Role and Effectiveness of Safety Representatives in Influencing Workplace Health and Safety* (HSE Books, Research Report 363, 2005)

[398] K Calavita, *Worker Safety, Law and Social Change: The Italian Case* (1986) Law and Society Review 20 (2) 192

safety representatives in Italy are entitled to training and adequate time off work without a loss of pay, to enable them to perform their functions appropriately.

### *6.2.3 Netherlands*

In the Netherlands, worker involvement plays an important role in promoting health and safety improvements.[399] Every company employing more than 100 people, or employing at least 35 people for more than one third of normal working hours, must have a works council.[400] In a similar fashion to Germany, the employer is required to send the works council a copy of the organisation's risk inventory, detailing health and safety risks. The works council is required to hold prior consultations to determine whether the risk inventory and evaluation is up to date and ensure that the company annual report and safety policy reflects the content of the inventory. This participative approach has been shown to generate better quality risk assessments.[401] With respect to the enforcement of health and safety standards, legislative provisions almost mirror German requirements. The works council or their representatives are allowed to have a confidential meeting with labour inspectors during the course of their visit and accompany them throughout the inspection. A representative can also be present during the enforcement interview. Health and safety law in the Netherlands also enables employees to stop the job if they perceive that there is a serious danger to a person and it is not possible to wait for a labour inspector to attend the scene.

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[399] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)

[400] Works Council Act 1979. In 2005, it was reported that 90 per cent of companies with 100 or more employees, and 60 per cent of those with 35-99 employees had set up a works council. See European Foundation for the Improvement of Living and Working Conditions, 'Netherlands: Works Council' <http://www.eurofound.europa.eu/emire/NETHERLANDS/WORKSCOUNCIL-NL.htm> accessed 21 November 2010 for more information

[401] J Popma, *Does Worker Participation Improve Health and Safety? Findings from the Netherlands* (2009) Policy and Practice in Health and Safety 1 (19) 44

The Dutch government has launched various projects that support worker involvement in safety and health, notably occupational health and safety *covenants*.[402] Covenants are tripartite agreements made at sector level between the central government, relevant employer organisations and trade unions and have enabled employers and trade unions to reach agreements on reducing the number of workers at risk in specific high risk sectors.[403] Each covenant sets out a detailed five year plan aimed at improving working conditions relating to one or more specific health and safety issue, for example the use of hazardous substances. Covenants are supported by funds allocated by the Ministry of Social Affairs and Employment to disseminate health and safety information to employers and employees. To encourage participation in the covenant process, labour inspectors typically give a commitment to reduce the level of enforcement, offering a more supportive role. This is underlined by an expectation that employers involve employees in instigating their own systems of monitoring, to determine whether sufficient progress is being made with the covenant agreements. This approach to encouraging self regulation on health and safety matters through tripartite agreements, is an example of how some countries in the European Union have introduced developments to foster work involvement in safety and health, arguably surpassing initiatives currently being adopted in the UK.[404]

## 6.3 Scandinavian Approaches to Worker Involvement in Safety and Health

Germany, Italy and the Netherlands have all introduced innovative requirements to support and encourage worker involvement in safety and health. However, it could be argued that in Scandinavia even more is being done to establish collaborative working environments.[405] The Revitalising Health and Safety Strategy,[406] which has been cited on

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[402] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)
[403] Ibid 79
[404] Health and Safety Executive, *The Regulation of Health and Safety in Five European Countries: Denmark, France, Germany, Spain and Italy with a Supplement on Recent Developments in the Netherlands* (HSE Books, HSE Contract Research Report 84, 1996)
[405] K Frick and D Walters, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 374

a number of occasions during this thesis, makes an interesting reference to an *international dimension* for improving health and safety standards. In relation to worker involvement in safety and health, the strategy states that a third of respondents involved in the consultation exercises suggested Scandinavia as a useful model for consideration in formulating health and safety policy in the UK.[407] Countries in Scandinavia are recognised as having participative approaches to health and safety at work, with numerous examples in Sweden and Denmark, where employers are required to actively involve workers in health and safety decision making.[408] This next section explores some of the lessons from Scandinavian jurisdictions and identifies approaches that could potentially be transplanted into legislation and guidance in the UK.

### *6.3.1 Sweden*

In Sweden, the concept of worker involvement is enshrined in the Work Environment Act 1977.[409] This legislation encourages mutual resolution between employers and employees.[410] The aim under this legislation is for work to be arranged in such a way that the employee himself can influence his work situation. In small organisations, with 5 or more employees, the Act requires the workforce, or their representatives, to appoint an employee *safety delegate*. Safety delegates are given the right to halt any dangerous process pending an investigation by an inspector. They are also given the right to participate in the planning of new premises, devices, work processes, working methods and use of substances liable to cause ill health or accidents. Furthermore, employers are required to respond to representations made by safety delegates without delay, a requirement that previous analysis in the research has identified is missing from

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[406] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[407] Ibid 48
[408] K Frick has written extensively on worker involvement practice in Scandinavia. See K Frick, PL Jensen, M Quinlan and T Wilthagen, *Systematic Occupational Health and Safety Management – Perspectives on an International Development* (Oxford, Pergamon, 2000) for a collection of related articles
[409] Work Environment Act 1977
[410] DB Klaff, *Evaluating Work: Enforcing Occupational Health and Safety Standards in the United States, Canada and Sweden* (2005) University of Pennsylvania Journal of Labour and Employment Law 7 (1) 620

legislative requirements in the UK.[411] Where a satisfactory solution cannot be achieved, the matter can be referred to an inspector, or to the joint employer-employee safety committee.

Joint safety committees are required in Swedish workplaces with 50 or more employees, or where employees demand one.[412] These committees are required to plan and supervise local health and safety issues at work. Following the enactment of the Work Environment Act, a Working Environment Agreement was negotiated between trade unions and other stakeholders in 1976.[413] The agreement provided detailed rules and guidelines for the implementation of the law, the most important being that: 1) workers were given a majority of one on the joint committee; 2) at least one employer member on the committee had to hold a managerial position in the firm; 3) the committee was defined as a decision-making and advisory body; 4) the committee was given authority over company health services, including the appointment of company doctors and safety engineers and 5) unanimous decisions of the committee on budgetary matters were made binding on the company, but if unanimity could not be reached, any member could refer the matter to the Inspector.[414] Following the introduction of these requirements, the number of joint health and safety committees in Sweden has grown steadily, however the impact of worker involvement on occupational health and safety performance in Sweden remains an area of debate.[415]

Workers in small workplaces in Sweden enjoy statutory entitlement to representation in health and safety matters, embodied by the regional safety representatives (RSR)

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[411] See Chapter 4 for a discussion on the limitations with existing legislation and guidance in the UK, relating to worker involvement in safety and health

[412] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)

[413] The agreements was made between SAF, LO and PTK. SAF is a national employers' organisation designed to deal with unions. LO is a trade union confederation, which organises worker within both the private and public sector. PTK is a bargaining agency for 22 unions outside LO, which represent salaried employees in the private sector

[414] See S Deutsch, *Work Environment Reform and Industrial Democracy* (Sociology of Work and Occupations, 8, 1981) and B Gustavsen, *Direct Workers Participation in Work Safety and Health: Scandinavian Strategies and Experiences* (Work and Health in the 1980s, Berlin, WZB, 1985)

[415] E Tucker, *Participation in Health and Safety Regulation: Lessons from Sweden* (1992) Studies in Political Economy 37 (2) 102

scheme.[416] The RSR scheme is unparalleled in terms of its breadth and statutory basis and has been fundamental in promoting occupational health and safety improvements in Sweden.[417] The scheme has existed for around 50 years in the construction and forestry industries and was extended to all sectors over 25 years ago. Trade unions finance approximately half of the costs for this initiative, whilst the Government pays the other half. The Trade Union has the right to appoint RSRs who act on behalf of small workplaces, providing at least one workplace employee is a trade union member. Safety representatives appointed under the scheme have the power to stop the job, and it has been shown that when this right is exercised, labour inspectors, who attend the scene, usually support the decision of the safety representative.[418] The RSR scheme has enabled knowledge to be spread to hard to reach small workplaces, on important requirements such as risk assessment. Although it might be assumed that there would be management resistance to the role of RSRs in small workplaces, evidence has shown that in the majority of cases employers have a positive attitude to their work.[419] It has also been shown that RSRs use their power to stop the job sparingly, which helps to strengthen management perceptions of the role.[420] Despite the successes of the RSR scheme in Sweden, there are those of the view that that the scheme is presently underfunded and that it is limited by only allowing representatives to visit organisations that have at least one trade union member.[421] If the programme were to be developed and implemented in the UK, it could be improved by permitting roving representatives to visit those small workplaces even if no employee is a trade union member.

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[416] K Frick and D Walters, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 372

[417] AB Antonsson, L Birgersdotter and S Bornberger-Dankvardt, *Small Enterprises in Sweden: Health and Safety and the Significance of Intermediaries in Preventative Health and Safety* (Arbetslivinstitutet, Stockholm, 2002)

[418] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007) 504

[419] K Frick and D Walters, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 380

[420] K Frick and J Stostrom, *Factors Influencing Worker and Safety Rep Participation – How to Understand the OHS Participation Process* (NIWL, Stockholm, 2004)

[421] AB Antonsson, L Birgersdotter and S Bornberger-Dankvardt, *Small Enterprises in Sweden: Health and Safety and the Significance of Intermediaries in Preventative Health and Safety* (Arbetslivinstitutet, Stockholm, 2002)

In the previous Chapter, the RSR scheme is referred to as a potential way of enabling worker involvement practices to become more relevant to the modern world of work. In the UK, a small group of roving safety representatives were appointed as part of a trade union's pilot in the agricultural sector in the South of England. However, the scheme, which mimicked the Swedish approach by attempting to improve participation in health and safety in small workplaces, experienced only limited success in comparison to the Swedish scheme.[422] Although there were problems with the pilot study, it was found that the majority of participants in the UK visited by the RSRs showed some improvements in health and safety management over the life of the project.[423] The RSR scheme appears a suitable approach, which if carefully designed, could be implemented in the UK. However, the UK experience illustrates some of the difficulties, discussed later in this Chapter, in transplanting successful models of worker involvement from one country to another.

### *6.3.2 Denmark*

Danish industrial relations provide another Scandinavian example, with a number of institutions playing a role in relation to worker involvement in safety and health.[424] In Denmark, the Working Environment Act 1999 creates the basis on which organisations are able to solve problems relating to health and safety, under the guidance of employers' and workers' organisations and supervised by the Labour Inspection Service. The Act establishes a complete system from the plant to the national level to permit worker involvement in safety and health. In a similar fashion to other European countries, safety representatives enjoy statutory protection against dismissal and must be elected in firms employing at least 10 workers. The safety representative and the department supervisor attend the safety group, which has the function of monitoring working conditions, inspecting work equipment, investigating accidents and stopping production where there is a risk of serious and imminent danger. Members of the safety group are entitled to

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[422] DJ Knowles, *Measuring the Effect of Health and Safety Advisers and Roving Safety Representatives in Agriculture* (ADAS Consulting Ltd, 2005)
[423] Ibid 24
[424] P Jensen, *Assessing Assessment: The Danish Experience of Worker Participation in Risk Assessment* (2002) Economic and Industrial Democracy 23 (2) 212

training and necessary information. In Denmark, safety committees are required in firms employing at least 20 workers. In organisations with more than two safety groups, the safety committees consist of workers elected from among safety representatives, two supervisor members and an employer's representative.

In Denmark Cooperation Councils must be set up in all firms employing more than 35 workers (25 in the public service).[425] These joint committees are in place to promote cooperation on day-to-day operations. They must be consulted on the introduction of new technologies and the organisation of production and they have some co-determination rights on working conditions, training and personal data. The Collective Agreement on Cooperation and Cooperation Committees provides for information to be given to individuals and groups of workers in advance, so they can make their views known before a decision is taken by management and for the establishment of cooperation committees.[426] A further arrangement worthy of note, is that since 1899 employee health and safety representatives have been entitled to require that work can be halted in the event of danger. This law has been reiterated in the law of working conditions.[427]

One of the rights noticeable in Denmark and other Scandinavian provisions, as identified by the previous discussion, is the power of safety representatives or workers to stop the job. The decision to stop the job on the grounds of health and safety is problematic, as employees or their representatives may often be under pressure to continue operational activities due to commercial pressures. In the UK, legislation allows activities to be stopped in the face of serious and imminent danger,[428] although this power is rarely

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[425] International Labour Organization, *Encyclopaedia of Occupational Health and Safety* (Volume 1, 4th Edition, Section 21, 1998)

[426] Ibid 23

[427] Worker-Participation.EU, 'Health and Safety' <http://www.worker-participation.eu/National-Industrial-Relations/Countries/Denmark/Health-and-Safety> accessed 5 December 2010

[428] Section 7 of the Health and Safety at Work etc. Act 1974 states that every employee shall 'take reasonable care the health and safety of himself and other persons'. Furthermore, the Management of Health and Safety at Work Regulations 1999 requires the employer has to establish procedures, which should be followed in the event of any worker being exposed to a serious and imminent danger

exercised.[429] However, the Safety Representatives and Safety Committees Regulations 1977 and Health and Safety (Consultation with Employees) Regulations 1996 do not give safety representatives the legal right to stop the job. This is another area where health and safety legislation could be developed in the UK, to enable safety representatives to take part in determining the procedures and circumstances in which a job can be stopped due to health and safety shortcomings. In order for this measure to work effectively the justification for stopping the job would have to be clearly defined in legislation, with supporting guidance.

## 6.4 Worker Involvement in Safety and Health in Canada

Outside of the European Union, innovative approaches to worker involvement in safety and health are apparent in Canada. Canadian law varies from province to province, although it is generally stronger than in the United States.[430] For example, unions in Canada do not need to negotiate for the existence of health and safety committees, although they may bargain for larger ones, with more powers.[431] In Canada, the establishment of joint health and safety committees is largely attributable to the influence of the Report of the Royal Commission on the Health and Safety of Workers in Mines by Commissioner James Ham.[432] Ham's report developed the idea of an *internal responsibility* system, whereby government, management and workers come together in a cooperative process to generate improvements in workplace health and safety. Ham outlined three major elements for the effective operation of the internal responsibility system. Firstly, access to knowledge; in that government, management and workers must be able to gain information relating to working conditions, hazardous substances and the health of the workforce. Secondly, contributive responsibility; meaning individuals and organisations involved in the process should have the opportunity to share insights,

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[429] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report 2000/03, 2000)

[430] For a survey of Canadian law relating to health and safety see R Brown, *Canadian Occupational Health and Safety Legislation* (Osgoode Hall Journal, 20, 1982)

[431] P Manga, R Broyles and G Reschenthaler, *Occupational Health and Safety: Issues and Alternatives* (Ottowa, Economic Council of Canada, 1981)

[432] J Ham, *Report of the Royal Commission on the Health and Safety of Workers in Mines* (Toronto: Government of Ontario, 1976) 6

concerns and knowledge. Finally, direct responsibility; suggesting that joint health and safety committees have the ability to make authoritative decisions about health and safety.

Workers and worker representatives play an important role in improving health and safety conditions in Canada, both in worksite health and safety activities and the establishment and enforcement of health and safety standards.[433] In Canadian legislation, the health and safety committee assumes a powerful role in establishing a forum for bringing the internal responsibility system into place.[434] Generally, legislation in different jurisdictions across Canada states that health and safety committees or joint health and safety committees must be composed of one-half management and one-half labour representatives. These committees must meet regularly, with some jurisdictions requiring committee meetings at least every 3 months, while others require monthly meetings. Meetings must be co-chaired by one management chairperson and worker chairperson and employee representatives are elected or selected by the workers or the Union.[435] To provide some examples of the varying approaches to worker involvement in safety and health in Canada, discussion is now presented on three jurisdictions, namely Ontario, Manitoba and Saskatchewan.

### *6.4.1 Ontario*

In Ontario, the Occupational Health and Safety Act 1990 requires a joint health and safety committee to be created in workplaces at which 20 or more workers are regularly employed (s.9.2). The legislation states that at least half of the members of the committee shall be workers employed at the workplace who do not exercise managerial functions. It also states that members of the committee who represent workers shall be selected by the workers they are to stand for, or by a trade union, where the workers are

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[433] GB Reschenthaler, *Occupational Health and Safety in Canada: The Economics and Three Case Studies* (Montreal: Institute for Research on Public Policy, 1979) 38

[434] K Swinton, *Enforcement of Occupational Health and Safety Legislation: The Role of the Internal Responsibility System* (Studies in Labour Law, Butterworths, Toronto, 1983)

[435] Canadian Centre for Occupational Health and Safety, 'Health and Safety Committees' <http://www.ccohs.ca/oshanswers/hsprograms/hscommittees/> accessed 17 November 2010

represented by a trade union (s.9.8). Workers are permitted to co-chair the committee, with another member exercising managerial functions. In a similar fashion to Swedish provisions, legislation in Ontario requires the employer to respond in writing (within 21 days) to written recommendations from the committee (s.9.20). The legislation also includes a requirement for direct participation, stating that a member of the committee representing workers, shall be permitted to conduct an inspection of the physical condition of the workplace at least every month (s.9.26).

Although the Ontario Ministry of Labour uses the internal responsibility system as the guiding philosophy for regulation and enforcement, it has been argued that existing legislative requirements for worker involvement in Ontario represent an incomplete application of its principles.[436] Ham's report called for direct responsibility, however the Occupational Health and Safety Act 1990 only provides the opportunity for the joint health and safety committees to advise management. In a similar fashion to legal requirements in the UK, management is not required to act on the advice. This can result in uncooperative management meeting the requirements of the Act, without having to follow the advice of the joint committee. In this respect, legislation in Ontario may have failed to meet Ham's expectations of a cooperative system involving government, management and the workforce.[437] However, evidence suggests that where management and labour are supportive of co-management arrangements, the work of joint health and safety committees can significantly reduce lost time accident rates.[438]

### *6.4.2 Manitoba*

In Manitoba, the Workplace Health and Safety Act 1987 includes requirements for worker consultation and representation. The general requirements contained in the Act

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[436] K Swinton, *Enforcement of Occupational Health and Safety Legislation: The Role of the Internal Responsibility System* (Studies in Labour Law, Butterworths, Toronto, 1983)
[437] V Walters and T Haines, *Workers' Use and Knowledge of the 'Internal Responsibility System': Limits to Participation in Occupational Health and Safety* (1988) Canadian Public Policy 14 (4) 418
[438] W Lewchuck, A Robb and V Walters, *The Effectiveness of Bill 70 and Joint Health and Safety Committees in Reducing Injuries in the Workplace: The Case of Ontario* (1996) Canadian Public Policy 22 (3) 233

are augmented by the Manitoba Regulation 217/2006.[439] Part 3 of this regulation includes specific requirements for establishing health and safety committees and safety representatives. In Manitoba, health and safety committees are required to convene at least every 3 months and there is a specific requirement for the agenda, minutes from meetings and other related information to be posted on a bulletin board. Furthermore, construction projects require a joint health and safety committee, providing more than 20 workers are involved and the project is expected to require more than 90 days to complete.[440] In Manitoba, joint committees are given significant power to participate in decision making. Legislation requires management to consult and cooperate with the joint committee in both the design and implementation of occupational health and safety programmes. These requirements immerse the committees in the process of collective bargaining, enabling the committee to have a significant influence over health and safety developments. In this respect, legislative requirements in Manitoba represent a more complete implementation of the recommendations contained in Ham's report.[441]

In 2001, the Minister of Labour launched an extensive consultation on workplace health and safety, with the intention of strengthening the internal responsibility system. The output of this exercise was the creation of a strategic framework entitled Safe Work.[442] The Safe Work programme encompasses 62 recommendations, with 4 priority areas to generate improvements in health and safety performance in Manitoba. The Safe Work framework incorporates a range of measures designed to generate improvements in health and safety performance, with worker participation presented as an important concept. In particular. the 'Seeing the Workplace with New Eyes' programme provides a variety of tools to enable newly formed health and safety committees and safety representatives to operate more effectively. These processes address practical issues, including how to create an agenda for committee meetings and how to record minutes and create action plans. A provision also exists for the health and safety committee to be recognised as an

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[439] SAFE Work, 'Manitoba Regulation 217/2006: Workplace Safety and Health Regulation' <http://safemanitoba.com/uploads/regulations/reg2006consolidated.pdf> accessed 21 March 2011

[440] Manitoba Government, 'The Workplace Safety and Health Act' <http://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php> accessed 21 March 2011

[441] M Parsons, *Worker Participation in Occupational Health and Safety: Lessons from the Canadian Experience* (1988) Labour Studies Journal 13 (4) 26

[442] SAFE Work, <http://safemanitoba.com/default.aspx> accessed 21 March 2011

official committee. In order to qualify as an official committee, the group must meet a minimum of four times per year, with the minutes of each meeting being sent to the Workplace Safety and Health Division in Manitoba.[443]

The concept of registering health and safety committees could be one way of developing the credibility of committees in the UK. Requirements for worker involvement in safety and health on construction projects, is another area where the UK could learn from Canadian developments. It has been noted that the construction industry in the UK has notorious standards of occupational health and safety. In many respects, the construction industry differs significantly from other industries. The transient nature of construction projects, coupled with the significant number of contractors and sub-contractors working on major projects, creates a challenging environment to foster worker involvement in safety and health. Chapter 4 identifies that the HSE has introduced a number of initiatives to encourage worker participation on health and safety matters in the construction industry.[444] However, if a requirement was introduced into health and safety legislation in the UK requiring each contractor on a project to have a representative on the health and safety committee, this could be a further way of promoting worker involvement in the construction industry.

### *6.4.3 Saskatchewan*

In Saskatchewan, health and safety legislation requires the creation of joint health and safety committees in all workplaces with 10 or more workers.[445] At least half of the members of the committee must represent workers, with the other half connected with the management of the place of employment. Restrictions are established with respect to the size of the committee, with membership consisting of at least 2 and no more than 12 persons. Further rights to participate by workers and unions are afforded in a number of

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[443] SAFE Work, 'Your Committee: Creating a SAFE Workplace' <http://safemanitoba.com/minutes.aspx> accessed 21 March 2011

[444] Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/index.htm> accessed 20 July 2010

[445] Government of Saskatchewan, 'The Occupational Health and Safety Act 1993' <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/O1-1.pdf> accessed 21 March 2011

ways. Employers are given the opportunity to post violation notices from the occupational health and safety branch and report corrective action to the joint committee. The occupational health and safety branch also provides occupational hygiene training to committee members and other education programmes to raise awareness of health and safety issues. The intention is that joint committees become responsible for the monitoring and enforcement of health and safety standards in the workplace. Despite the theoretical benefits of this model, it has been argued that, due to a lack of support following a change in government, joint health and safety committees have not been provided with the leadership and direction they need.[446] As a result, it is argued that due to this lack of support from the new Government, they have not functioned as effectively as they might have. This provides an important lesson for the UK, in that legislative provisions for worker involvement in safety and health must be backed up by support and direction from enforcing bodies and other stakeholders.

From the experiences of Canada with regard to joint health and safety committees, it is shown that there is a need for legislation making joint health and safety committees mandatory. These committees need to have rights laid down in legislation to conduct inspections, investigate accidents, participate in educational programmes, approve aspects of the employer's health and safety decision making and have the power to stop work, due to unsafe or unhealthy conditions. Chapter 4 of the research identifies that in the UK, particularly in organisations with no trade union recognition, these rights do not exist. It is left with individual employers to voluntarily adopt best practice and progress beyond the minimum legal requirements. However, it is argued that reliance on the voluntary approach in the UK is not enough to produce the desired results. Provisions in legislation for committees would provide better opportunities for uniform requirements and rights.[447] A further lesson from Canada, is that legal requirements must be backed up by support from Government and effective enforcement. However, the research

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[446] M Parsons, *Worker Participation in Occupational Health and Safety: Lessons from the Canadian Experience* (1988) Labour Studies Journal 13 (4) 28

[447] PB Beaumont and JW Leopold, *A Failure of Voluntarism: The Case of Health and Safety Committees in Britain* (1982) New Zealand Journal of Industrial Relations 7 62

illustrates that the HSE has adopted a relaxed stance on the enforcement of legislative provisions for worker involvement in safety and health.[448]

## 6.5 Worker Involvement in Safety and Health in Australia and New Zealand

The concept of worker involvement in safety and health is a prominent feature of the occupational health and safety landscape in Australia and New Zealand. Both countries have been strongly influenced by the self-regulatory philosophy, outlined in the UK Robens Report and have developed legislation that provides statutory rights for worker involvement in safety and health.[449] The innovative approaches for encouraging worker involvement in safety and health in each jurisdiction are considered in the following section. However, it should be noted that significant variations in worker involvement practices are apparent across the federation of six states and two territories which form Australia.

### *6.5.1 Australia*

In Australia, self regulation has evolved into a sophisticated system known as *co-regulation.*[450] This system is characterised by empowerment of safety representatives and comprehensive arrangements for the resolution of health and safety problems. At the heart of the system of worker representation in Australia is the *Provisional Improvement Notice* or PIN. [451] In the state of Victoria, safety representatives have legal powers to issue their employers with a PIN requiring an alleged breach in the law to be remedied in a specified time period. If the employer refuses to act, either party can call in the enforcing authority to adjudicate. If the enforcing authority agrees that there has been a

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[448] Chapter 4 shows that the HSE has a relaxed attitude with respect to serving enforcement notices for breaches of health and safety legislation applicable to worker involvement

[449] T Mylett and R Markey, *Worker Participation in OHS in New South Wales (Australia) and New Zealand: Method and Implications* (Employment Relation Record, 2007)

[450] Health and Safety Executive, *Worker Participation in Health and Safety: A Review of Australian Provisions for Worker Health and Safety Representation* (HSE Books, 2002)

[451] Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)

breach of the law they can issue a formal improvement notice. A 2001 survey conducted by the Australian Union federation ACTU found that a PIN was effective in resolving 95 per cent of cases.[452] In Australia, trade unions have been careful to ensure that a culture of serving PINS has not emerged. The emphasis has been placed on the use of a PIN as a final measure, once all other attempts to resolve a health and safety dispute had failed. The reluctance to issue PINS in Australia may have influenced positive opinions from management, in a similar fashion to the previously discussed case in Sweden, where the sparing application of the right for safety representatives to stop the job has also helped improve employer perceptions.

If safety representatives were given the power to issue improvement notices in the UK, it could prove an effective way of providing a structured means to resolving health and safety problems before involving enforcing authorities, and provide genuine opportunities for workplaces to manage health and safety internally. This would be more in line with the vision of self-regulation enshrined in the Robens Report. Under this system, there would only be the need for the HSE to intervene when a health and safety dispute has arisen and all internal negotiation had failed. A number of factors would need to be taken into account before this type of system could be effectively implemented in the UK. The potential detrimental effect that such a system may have on the partnership approach to raising health and safety standards would need to be considered. For example, an overly zealous approach to the use of PINS could damage relationships between employers and employees. In the UK, trade union tendencies for militancy and cultural variations could also introduce obstacles.[453] There are further implications relating to the coverage of PINs, in terms of whether they would apply to all health and safety laws or specific requirements, along with arrangements to ensure appropriate levels of competency for safety representatives issuing PINs.[454] However, if legislative requirements were clearly

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[452] Australian Council of Trade Unions, 'A Report on the 2001 Survey of Health and Safety Representatives' <http://www.actu.org.au/public/papers/2001survey/index-Summary.html> accessed 26 August 2010

[453] Health and Safety Executive, *Worker Participation in Health and Safety: A Review of Australian Provisions for Worker Health and Safety Representation* (HSE Books, 2002)

[454] Chapter 3 of the thesis identifies competency as a significant barrier to worker involvement in safety and health

defined, supported by suitable guidance, this approach could offer a great deal to the UK system of worker involvement in safety and health.

### *6.5.2 New Zealand*

Legislation in New Zealand provides statutory rights for worker involvement in safety and health. Under the Health and Safety in Employment Act 1992, all employers must give their workers reasonable opportunities to participate in the ongoing process of improving workplace health and safety.[455] An employer with more than 30 employees must consult with his or her staff and agree on a suitable means of giving them a voice in health and safety matters. Those with fewer than 30 staff must meet these requirements if they are asked to do so by an employee. The Workplace Health and Safety Strategy for New Zealand to 2015, identifies worker involvement in safety and health practices as fundamental in generating reductions in work-related fatalities and occupational disease.[456] On the official website of the New Zealand government, Labour Minister Trevor Mallard is quoted as stating that 'partnership and collaboration are crucial if we are to be successful in achieving the strategy's main goal of healthy people in safe and productive workplaces.'[457] The establishment of a tripartite Workplace Health and Safety Council, made up of employer, worker and government representatives is recognised as one of the inventive strategies, which illustrates the government's commitment to developing levels of worker involvement in safety and health.

Tripartite agreements are identified previously in the Chapter in the case of the Netherlands, as a way of promoting worker involvement in safety and health. There may be opportunities for the UK government to establish further agreements with trade unions and relevant stakeholders to encourage worker involvement in safety and health. In particular, due to the increasing number of small businesses, as noted in Chapter 5 of the

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[455] Safeguard, 'Employee Participation' (April 2006) <http://www.safeguard.co.nz/resources/guides/Guide96.pdf> accessed 26 August 2010

[456] Department of Labour, 'Workplace Health and Safety Strategy' <http://www.whss.govt.nz/> accessed 26 August 2010

[457] New Zealand Government, 'Safe, Healthy Workplaces Help Productivity' (21 November 2007) <http://www.beehive.govt.nz/node/31367> accessed 26 August 2010

research, there appears to be a need to foster additional collaborative relationships with relevant trade associations and bodies representing different markets and industry sectors. A relevant example is the Food Manufacture Health and Safety Forum, which is a tripartite relationship between the HSE, industry and trade unions.[458] If these types of forums were developed in other industry sectors, it could be a way of reaching small businesses and raising awareness of the importance of worker involvement in safety and health.

## 6.6 Difficulties in Transplanting Successful Worker Involvement in Safety and Health Practices

The Chapter identifies a range of innovative practices for developing worker involvement in safety and health, all of which could theoretically be transplanted in the UK. The temptation would be to incorporate some, if not all, of these approaches into recommendations for developing legislation and guidance in the UK. However, caution should be exercised in proposing UK legal developments in worker involvement in safety and health, in consideration of the lessons learned from other countries. It is evident that the UK has a vastly different political, social and cultural landscape to other parts of the world.

Historical forces in a country often constrain laws to be similar to past laws. This phenomenon is illustrated by path dependence theory.[459] Path dependence would suggest that the legislative process in the UK today is inexorably linked to past historical events and the choices made by previous Governments. However, it is often necessary to examine specific institutions and other variables to determine how Government policy has evolved over time.[460] An example of this, with direct relevance to the thesis, is the long standing and unstable relationships between trade unions and Governments, across many industrial sectors. These confrontations have shaped perceptions towards worker

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[458] Health and Safety Executive, 'Food and Drink Manufacture Health and Safety Forum' <http://www.hse.gov.uk/food/forum.htm> accessed 5 December 2010

[459] J Mahoney, *Path Dependence in Historical Sociology* (2000) Theory and Society 29 (4) 510

[460] P Pierson, *Increasing Returns, Path Dependence and the Study of Politics* (2000) American Political Science Review 94 (2) 255

involvement in the UK and in turn the development of legal provisions. Proposals to implement new approaches for managing worker involvement in safety and health may therefore by presented with substantial institutional and organisational barriers.

Once a country or region has started down a particular track, institutional arrangements often become entrenched which can obstruct an easy reversal of initial choices. With respect to path dependence in law, the principles of this theory also indicate that culture can have a restrictive impact on legal processes.[461] Further, legal requirements in the UK have evolved gradually over time, with opportunities for significant change often brief and intermittent. The likelihood therefore, of legislative approaches that have worked well in other countries being effectively introduced in the UK, is limited. The discussion presented in the Chapter supports this assertion showing that previous attempts to transplant worker involvement practices from other countries into the UK have not always proven successful.

The difficulties in adopting practices into the UK, that have been effective in other countries, can also be illustrated by the case of Japan. Japan is often cited as an exemplar of organisational communication, particularly through employee participatory practices implemented in large corporations, including Nissan, Honda, Mitsubishi and Toyota.[462] The most commonly emulated participatory technique is the quality circle, implanted in Japanese organisations in the 1950s. Since then, employee involvement techniques such as quality circles and team working have been an important part of working practices of Japanese subsidiaries, such as Nissan in Sunderland and Toyota in Derby. Many studies have been made of Japanese organisations in order to discover the secrets of their economic success, and team working techniques have received much attention, as a perceived key to efficient work practices. Due to the achievements of quality circles in Japan, during the 1980s some countries, including the UK, experimented with their

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[461] OA Hathaway, *Path Dependence in Law: The Course and Pattern of Change in a Common Law System* (2003) John M. Olin Center for Studies in Law, Economics and Public Policy Working Papers, Paper 270, 107

[462] MA Cusumano, *The Japanese Automobile Industry: Technology and Management at Nissan and Toyota* (Harvard University Press, 1985)

implementation. However, for a variety of reasons they were found to be ineffective in producing the expected results.[463]

In retrospect, it can be recognised that social and cultural differences between Japan and the UK were largely attributable to the limited success of quality circles in the UK.[464] The success of quality circles in Japan during the 1980s was deeply entrenched in the culture of the country.[465] In Japanese enterprises, cultural aspects are highly apparent, including a defined social hierarchy, respect for authority, self-restraint and workforce co-operation.[466] However, all of these characteristics are not always present in organisations in the UK. It was found that the implementation of quality circles in the UK created confusion in the normal lines of command, faced with resistance from middle management and often a lack of support by top management. Resultantly, organisations in the UK quickly became disenchanted with the ineffective results of quality circles.

The case of Japan shows that there are significant variations in social, cultural and political factors between western and eastern countries. That being said, it may be assumed that worker involvement in safety and health practices would be easier to facilitate in the UK, where they are being adopted from countries with more western or euro-centric tendencies. However, the Chapter cites potential problems in transplanting worker involvement practices from Sweden and Australia into the UK. These examples identify that in all cases, worker involvement practices must be carefully analysed before attempting implementation in the UK. If it is found that the success of such initiatives is closely linked to cultural factors, then problems may be experienced when attempting to introduce similar approaches. These factors need to be taken into account in the design, implementation and maintenance of such programmes.

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[463] M Brennan, *Mismanagement and Quality Circles: How Middle Managers Influence Direct Participation* (1991) Employee Relations 13 (5) 24

[464] BG Dale and SG Hayward, *Some of the Reasons for Quality Circle Failure: Part 1* (1993) Leadership and Organisational Development Journal 5 (1) 13

[465] JE Ross, *Japanese Quality Circles and Productivity* (Prentice Hall Trade, 1982)

[466] BG Dale, *Quality Circles – Are they Working in British Factories* (1984) Long Range Planning 17 (6) 58

## 6.7 Conclusions

The Chapter shows that some countries have adopted legislative requirements for stronger forms of worker involvement in safety and health, than those present in the UK. These legal requirements are supported by a range of innovative approaches to encourage worker involvement. When legislation and guidance in the UK, relating to worker involvement in safety and health, is compared to other jurisdictions, both within and outside of the European Union, it illustrates some of the weaknesses with the UK's existing legal framework. In many other countries, particularly Scandinavia, worker involvement in safety and health is an integral component of health and safety legislation and enables workers to exercise greater influence and control over decisions that affects their health and safety. The analysis presented in the Chapter proves invaluable in the context of the research, by identifying potential lessons that can be learnt from other countries, and approaches that could be piloted and ultimately introduced in the UK.

The Chapter evaluates the stance of the International Labour Organization (ILO) relating to worker involvement in safety and health. It is shown that the ILO has a long history of promoting worker involvement, in relation to wider organisational decision making. With respect to health and safety at work, numerous ILO labour standards make specific reference to worker involvement, including the appointment of safety representatives to act on behalf of employees in the workplace and the establishment of health and safety committees. These requirements illustrate that the ILO regards worker involvement as an important component in the health and safety legal framework of any country, in any part of the world. It also seems that the ILO perceives worker involvement to be a fundamental human right, emphasising its role in the development of civilised societies and workplaces.

The Chapter establishes that a number of approaches could be transplanted into the UK, in an attempt to support effective worker involvement in safety and health. In particular, requirements for joint health and safety committees are identified in a number of jurisdictions. These joint committees are associated with improvements in organisational

health and safety performance. Although health and safety legislation in the UK requires the formation of health and safety committees, these committees are not afforded the same rights to influence health and safety decision making as in other countries. Incorporating requirements for membership criteria, frequency of meetings and the need to respond in writing to representations made to the committee would enable health and safety committees in the UK to exercise greater influence over health and safety decision making.

In Sweden, the right to stop the job possessed by safety delegates and the Roving Safety Representatives scheme, represent excellent examples of statutory requirements for worker involvement. The right to issue Provisional Improvement Notices (PINs) in some Australian states is another example of approaches that have increased the power of health and safety representatives. Furthermore, the use of tripartite agreements in the Netherlands and New Zealand provides examples of how collaborative working environments can be created. All of these approaches could be potentially introduced into the UK. At this stage, consideration is not given to the question of which of these approaches might be most suitable for introduction into the UK. However, Chapter 10 of the thesis proposes developments in UK legislation and guidance relating to worker involvement in safety and health, incorporating some of the recommendations made in this Chapter.

Despite the tendency for organisations to look at successful management practices in other countries, in the ongoing attempt to generate improvements in organisational efficiency, it is identified that some of these practices may be difficult to transplant effectively into the UK. Due to major political, social and cultural differences between the UK and the countries addressed in the Chapter, if management practices are to be implemented from other countries into the UK, it is important that an appropriate strategy and framework is determined, which considers cultural and local differences.[467] Behaviours, attitudes and culture are recognised as significant factors influencing the

[467] See SM Young, *A Framework for Successful Adoption and Performance of Japanese Manufacturing Practices into the United States* (1992) Academy of Management Review 17 (4) 679 for a specific strategy relating to the automotive industry

successful implementation of worker involvement in safety and health and these considerations are explored further in the following Chapter.

# 7 DEVELOPING AN ORGANISATIONAL CULTURE TO FOSTER WORKER INVOLVEMENT IN SAFETY AND HEALTH

The research identifies a range of benefits associated with the different forms of worker involvement in safety and health.[468] However, numerous obstacles to involving workers in health and safety decision making are also evaluated. It is recognised that the majority of limitations associated with worker involvement are linked to organisational failings, often represented by a lack of management control. The intention of this Chapter is to discuss how an organisational culture can be developed to address these organisational failings, along with other obstacles, to support stronger forms of worker involvement in safety and health. The spectrum of worker involvement in safety and health, presented in Chapter 2, identifies that as forms of worker involvement in safety and health develop in an organisation, there is a progression from management driven practices to employee driven interventions. In some organisations, for employee driven forms of worker involvement to emerge, there needs to be a significant change in the organisational culture. This Chapter analyses the concept of organisational culture and discusses how worker involvement in safety and health can be embedded into the existing organisational culture.

In looking to develop an organisational culture with the capacity to support worker involvement in safety and health, a focus is needed on developing the maturity of the organisations existing safety culture, through influencing behaviours and attitudes. The Chapter evaluates the potential for Behaviour Based Safety (BBS) programmes to facilitate this change in cultural maturity. It is shown that in recent years, BBS programmes have been associated with a significant reduction in workplace accidents and injuries. The discussion determines whether the developments in safety culture generated by BBS programmes, can help to embed worker involvement into health and safety decision making. It is illustrated that worker involvement in safety and health practices underpin effective behaviour based interventions in safety management, and that deeper

[468] See Chapter 3 for a discussion on the benefits and limitations associated with worker involvement in safety and health

commonalities may exist between the theories on behavioural safety and worker involvement in safety and health. A focus on the tenants of behavioural safety is presented as an important consideration when planning for worker involvement in safety and health.

## 7.1 Embedding Worker Involvement in Safety and Health into an Organisation's Culture

The concept of organisational culture is widely discussed in existing literature relating to organisational management.[469] There is also a growing body of literature on the development of an organisational safety culture.[470] However, the concept of a worker involvement in safety and health culture is novel. This concept suggests that organisational requirements can be tailored to create an environment that fosters worker involvement practices, particularly stronger forms of involvement. This section explores what is meant by the terms organisational culture and safety culture, before focusing on the concept of a worker involvement in safety and health culture. The discussion then progresses on to an analysis of how an organisation's existing safety culture can be developed to support worker involvement in safety and health.

### *7.1.1 Organisational Culture*

Organisational culture is a system of shared values and beliefs about what is important in an organisation, what behaviours are appropriate and about feelings and relationships, both internally and externally.[471] When organisational culture is discussed, it is widely referred under two distinct headings, namely unitarist and pluralist.[472] Unitarist cultures

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[469] See E Schein, *Organizational Culture and Leadership* (Jossey-Bass Publishers, San Francisco, Second Edition, 1992) and V Coffey, *Understanding Organisational Culture in the Construction Industry* (Spon Press, 2010)

[470] J Roughton and J Mercurio, *Developing an Effective Safety Culture: A Leadership Approach* (Butterworth Heinemann, Woburn, 2002) and S Antonsen, *Safety Culture: Theory, Method and Improvement* (Ashgate Publishing Limited, 2009)

[471] Chartered Institute of Personnel and Development, 'Vision and Values: Organisational Culture and Values as a Source of Competitive Advantage' <http://www.cipd.co.uk/research/_visionandvalues.htm> accessed 4 November 2010

[472] A Fox, *Beyond Contract: Work, Power and Trust Relations* (Faber, London,1974)

are those in which a single set of interests and objectives are assumed to be held by all within the organisation, and there are no competing or conflicting interests held by other groups. Employees are believed to have the same interests as their managers, and employee involvement processes and practices reflect their assumed consensus. In practice, a unitarist organisational culture is often highly individualistic, focusing on the development of individuals in the organisation, to the detriment of collective arrangements.[473] It could be argued that in a unitaristic organisational culture that management assume that their decision making is in the best interest of the workforce and organisational harmony relies on management control.[474]

Pluralist cultures by contrast, are those where the different views and objectives of individuals in the organisation are only natural, perhaps even beneficial to the health of the organisation.[475] In this type of culture, differences between the interests of employers and employees are acknowledged, as are those between different groups of employees. Employee involvement processes subsequently respect these differences of perspective and objectives. A pluralist organisational culture exhibits a strong emphasis on collective structures. Collective structures provide legitimacy to decisions, with involvement focused on recognising the collective interests of workers through joint decision making processes.[476]

### *7.1.2 Safety Culture*

It is widely recognised that an organisational culture can be created to promote health and safety, commonly referred to as a *safety culture.*[477] The effective engagement of the workforce is often cited as a key determinant in developing the safety culture in an

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[473] M Lichbach and A Zuckerman, *Comparative Politics: Rationality, Culture and Structure* (Cambridge University Press, 1997)
[474] T Huzzard and K Ostergren, *When Norms Collide: Learning Under Organisational Hypocrisy* (2002) British Journal of Management 13 (2) 54
[475] A Fox, *Beyond Contract: Work, Power and Trust Relations* (Faber, London,1974)
[476] D Miller, *Strategy Marking and Structure: Analysis and Implications for Performance* (1987) Academy of Management Journal 30 (1) 22
[477] J Roughton and J Mercurio, *Developing an Effective Safety Culture: A Leadership Approach* (Butterworth Heinemann, Woburn, 2002)

organisation.[478] Undermining the corporate vogue of this concept is that many people are unable to provide an accurate definition of precisely what is meant by the term safety culture.[479] Some commentators believe that safety culture is inextricably bound the concept of 'justness', and is promoted by openness and sharing of information.[480] The term safety culture was introduced by the International Atomic Energy Agency (IAEA) as a result of their first analysis into the nuclear reactor accident at Chernobyl in 1986.[481] Since then, a number of definitions have been developed, however one that is commonly referred to in health and safety literature was proposed by the Advisory Committee on the Safety of Nuclear Installations (ACSNI):[482]

> 'The safety culture of an organisation is the product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency, of an organisation's health and safety management.'

Guidance from the Health and Safety Executive (HSE) states that management commitment and style, training and competence, communication, compliance with procedures, organisational learning and employee involvement are important factors in developing a positive safety culture.[483] This viewpoint has been supported by research into safety culture conducted by the HSE.[484]

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[478] D Parker, M Lawrie and P Hudson, *A Framework for Understanding the Development of Organisational Safety Culture* (2006) Safety Science 44 (6) 554

[479] S Cox and R Flin, *Safety Culture: Philosophers Stone or Man of Straw* (1998) Work & Stress 12 (3) 192

[480] S Dekker, *Just Culture: Balancing Safety and Accountability* (Ashgate Publishing Limited, 2007)

[481] T Lee and K Harrison, *Assessing Safety Culture in Nuclear Power Stations* (1998) Safety Science 30 77

[482] Advisory Committee on the Safety of Nuclear Installations (ACSNI), *Study Group on Human Factors* (Third Report, Organising for Safety, London, HMSO, 1993)

[483] Health and Safety Executive, 'Organisational Culture: Why is Organisational Culture Important?' <http://www.hse.gov.uk/humanfactors/topics/culture.htm> accessed 7 November 2010

[484] Health and Safety Executive, *Safety Culture: A Review of the Literature* (HSE Books, HSL/2002/25, 2002)

### *7.1.3 Worker Involvement in Safety and Health Culture*

The concept of a worker involvement in safety and health culture is presented herein as a sub-set of an organisations existing safety culture. If the safety culture of an organisation is founded on worker involvement in safety and health, then it is suggested that such a sub-set exists. Research conducted by the HSE, has explored the factors necessary to promote an organisational culture with the capacity to support worker involvement and is worthy of consideration at this stage.[485] The HSE project involved case studies of 10 organisations with differing organisational cultures. The case studies were selected in order to investigate whether and how cultural arrangements might be associated with particular approaches to worker involvement and hence identify the people skills necessary to enhance worker involvement. The HSE research indicated that one of the most decisive factors in creating an environment to foster worker involvement in safety and health is the creation of a *dialogue culture* in organisations. A dialogue culture is defined as:

> '...one which encompasses a distinctive set of attitudes and experiences, values and beliefs. These reflect an organisation which demonstrably values openness, awareness, involvement, shared ownership of issues, legitimacy of challenge, and skill acquisition and deployment.'

The research identifies that the starting point in developing a dialogue culture in an organisation is attempting to raise awareness of health and safety issues across the workforce. Awareness is important as the provision of regular information on health and safety issues helps employees form a basic understanding of why certain courses of action are being followed. As awareness increases, staff begin to recognise how health and safety fits into the organisational jigsaw and may eventually begin to take ownership of certain activities, including risk assessment and problem solving. This correlates with the spectrum of worker involvement in safety and health established in Chapter 2, with

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[485] Health and Safety Executive, *Using Soft People Skills to Improve Worker Involvement in Health and Safety* (HSE Books, Research Report 580, 2007)

the spectrum showing that the provision of information is the foundation for establishing stronger forms of worker involvement.

The next aspect of the dialogue culture identified in the HSE research, is that staff participate at all levels.[486] This can be best illustrated by the widespread practice of risk assessment, or workplace monitoring throughout all levels of the organisation. In some industries, worker involvement has been historically faced by management resistance,[487] however in other industries, notably the chemical and allied industries, individual and group ownership of health and safety issues has developed as the norm.[488] To encourage worker involvement at all levels, the research recommends that worker involvement practices need to be built into an organistion's operating system. Where formalised procedures require hazard identification and near miss reporting, these practices very quickly become part of everyday working life and involvement eventually becomes embedded into the organisational culture. Leadership which models worker involvement is the next important stage. The research emphasises that management need to lead by example if a dialogue culture is to be created and supported. With respect to safety culture, the role of management is critical in developing shared attitudes. In particular, senior managers need to take an active role in promoting worker involvement, to ensure that worker involvement is managed strategically in the organisation.

### *7.1.4 Cultural Maturity*

Existing literature has identified that the safety culture present in an organisation may have differing levels of *maturity*.[489] This concept is important, as it is recognised as a factor which should influence the selection of interventions to improve in occupational

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[486] Health and Safety Executive, *Using Soft People Skills to Improve Worker Involvement in Health and Safety* (HSE Books, Research Report 580, 2007)
[487] M Fenton-O'Creevy, *Employee Involvement and the Middle Manager: Saboteur or Scapegoat?* (2001) Human Resource Management Journal 11 (1) 38
[488] Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)
[489] J Roughton and J Mercurio, *Developing an Effective Safety Culture: A Leadership Approach* (Butterworth Heinemann, 2002)

health and safety performance.[490] Furthermore, it is understood that the components of a dialogue culture, as outlined in the previous section, are difficult to establish without a sufficiently developed and mature safety culture being in place. The concept of cultural maturity in the field of occupational health and safety is related to the safety culture maturity model.[491] The safety culture maturity model suggests that organisational culture with respect to health and safety, progresses sequentially through five stages. At level one of the model, the safety culture is expressed as *emerging*, with safety being defined in terms of technical and procedural solutions and compliance with legislation. The health and safety department are perceived to have responsibility for health and safety at work and accidents are seen as unavoidable and part of the job. Most frontline staff are uninterested in safety and may only use it for the basis of other arguments, for example shift changes. The safety culture maturity model progresses through a number of stages from *managing*, *involving* and *co-operating* until it reaches the final stage of *continual improvement*.

At the final stage of maturity (continual improvement), the prevention of all injuries or harm to employees, both at work and at home, is a core company value. The organisation is constantly striving to find better ways of improving hazard control mechanisms. All employees share the belief that health and safety is a critical aspect of their job and accept that prevention of non-work injuries is important. In the model, there is a dramatic shift in both worker and management perceptions towards health and safety, as the safety culture matures. With respect to worker involvement practices, as the safety culture matures greater levels of worker involvement become apparent. By the final stage of the model, workers are empowered to address health and safety problems in the workplace and take ownership of these issues. A correlation can therefore be drawn that as an organisations' safety culture matures, a greater capacity is created for supporting worker involvement in safety and health. Conversely, those organisations with an immature safety culture may experience problems in implementing worker involvement initiatives.

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[490] S Antonsen, *Safety Culture: Theory, Method and Improvement* (Ashgate Publishing Limited, 2009)
[491] M Fleming, *Safety Culture Maturity Model* (HSE Books, Offshore Technology Report, 2001)

## 7.2 Developing a Worker Involvement in Safety and Health Culture

The previous discussion identifies that the development of a mature safety culture helps to create an organisational culture with the capacity to support worker involvement in safety and health practices. HSE research shows that establishing operating systems where workers are afforded the ability to participate in health and safety management can further assist in developing a dialogue culture,[492] fostering stronger forms of worker involvement. In some organisations, a significant challenge may need to be faced in improving the existing organisational safety culture.[493] It is widely recognised that developing an organisational culture requires a gradualist approach,[494]with the belief that safety culture can be changed overnight eradicated from any line of thought.[495] The essence of culture in any aspect or level of an organisation is highly resistant to change. The difficulty lies in determining the current position and introducing measures that break down cultural barriers and sub-groups to generate effective change. In the next section it is argued that a focus on behavioural safety can be an effective way of developing a positive safety culture, with the capacity to support worker involvement in safety and health. However, prior to discussing the elements of behavioural safety, it is important to provide some background information to illustrate how perceptions relating to the causes of work related accidents have shifted in recent years.

### *7.2.1 The Importance of Behaviour*

The thesis identifies that worker involvement in safety and health practices are a way of generating improvements in health and safety performance. It is shown that much of the interest surrounding worker involvement in safety and health stems from recommendations made in the Robens Report to shift the emphasis of health and safety

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[492] Health and Safety Executive, *Using Soft People Skills to Improve Worker Involvement in Health and Safety* (HSE Books, Research Report 580, 2007)
[493] A Vredenburgh, *Organisational Safety: Which Management Practices are Most Effective in Reducing Employee Injury Rates* (2002) Journal of Safety Research 33 (2) 264
[494] E Nelson, *The Pathway to a Zero-Injury Safety Culture* (Nelson Consulting Inc., 2005)
[495] S Antonsen, *Safety Culture: Theory, Method and Improvement* (Ashgate Publishing Limited, 2009)

regulation away from government imposed control to self-regulation.[496] Prior to the Robens Report and subsequent introduction of the Health and Safety at Work etc. Act 1974, legislation was heavily prescriptive and placed an emphasis on engineering controls and physical guarding,[497] with the overriding premise being that the inherent hazards were associated with machinery or processes. This philosophy gave way to procedural controls and safe systems of work, as required by the Health and Safety at Work etc. Act 1974, with the focus being placed on those in a position of controlling what was done in the workplace and how.[498] In recent years, the safety emphasis has shifted once again, this time towards looking at the behaviours of those who operate the machinery and are involved in the work processes. The general consensus now is that accidents are not caused by the machines or processes, but by those who operate them.[499]

This change in legislative perspective runs in line with the levels of maturity in the safety culture maturity model, previously discussed. At the early stages of the model, employers are concerned with hardware and technical approaches for reducing workplace accidents and ill health. As the model progresses, there is an increasing focus on procedural measures and the introduction of administrative controls. By the end of the safety culture maturity model, the focus is on interventions for addressing unsafe behaviours. Employees understand the importance of health and safety issues and take ownership for addressing these problems. It could therefore be inferred that a behaviour based approach is characteristic of a mature safety culture. From this assertion, it could be suggested that a behavioural approach could help to create an organisational culture with the capacity to support worker involvement in safety and health.

The focus on improving health and safety performance through the shaping of workplace behaviours has led to a proliferation of Behaviour Based Safety (BBS) programmes,

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[496] A Robens, *Report of the Committee on Safety and Health at Work* (London, HMSO, 1972)
[497] Early health and safety legislation dating back to the introduction of the Factories Act in 1833 was more concerned with improving working conditions, with a focus upon engineering controls, as opposed to influencing safe behaviours
[498] J Ridley, *Safety at Work* (Butterworth-Heinemann, 7th Edition, 2007)
[499] Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 2009)

particularly in the major hazard industries.[500] Behaviour relates to directly observed individual actions, in other words 'what people do'.[501] This can be contrasted with attitude, which is commonly referred to as 'what people think'.[502] Modern behavioural approaches focus directly on behaviour, as this is easier to adjust and measure than attitude.[503] The underlying principle of behavioural safety can be traced back to Heinrich's theory of unsafe acts leading to minor injuries and eventually to a major injury.[504] This theory has prompted many organisations to focus on the control of unsafe acts (behaviours) in an attempt to prevent work-related accidents. Heinrich's theory of accident causation compared the general sequence of an accident to five dominos standing on end in a line. When the first domino falls, it automatically knocks down its neighbour and so on until the injury occurs. In any accident sequence, according to this model, ancestry or social environment leads to a fault of a person, which is the proximate reason for an unsafe act or an unsafe condition (mechanical or physical), which results in an accident, which leads to injury. The Domino theory was subsequently extended by Bird and Loftus to include the influence of management as part of the causes and effects of accidents.[505] It was felt that including the role of management with respect to accident causation ensured that the model became more applicable to the modern industrial world.[506]

Heinrich's model and it's adaptation by Bird and Loftus are theories of single causation, however, it is recognised today that it is rarely the case that an accident can be traced to one single cause. Modern theories on accident causation commonly indicate the principle of multiple causality. This suggests that accidents are brought about by a number of

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[500] A review of sources of information from the internet identified a large number of petro-chemical companies use Behaviour Based Safety programmes, including BP, Shell and Conoco-Phillips

[501] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report 2000/03, 2000)

[502] I Donald and D Canter, *Employee Attitudes and Safety in the Chemical Industry* (1994) Journal of Loss Prevention in the Process Industries 7 (3) 206

[503] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)

[504] HW Heinrich, *Industrial Accident Prevention: A Scientific Approach* (McGraw-Hill 4th ed., 1959)

[505] F Bird and R Loftus, *Loss Control Management* (International Loss Control Institute, 1976)

[506] J Stranks, *Human Factors and Behavioural Safety* (Butterworth Heinemann, 2007) 35

unsafe acts and conditions, equivalent to the third Domino in Heinrich's model.[507] Each of these multicauses have underlying causes, which must be analysed to determine the root causes of the accident. The process during accident investigation of tracing back accident causes to their root is commonly referred to in industry as root cause analysis, or fault tree analysis.[508] These accident investigation techniques consider the accident in detail, determining the various immediate, underlying and root causes of the accident. This enables preventative measures to be implemented that focus on weaknesses in the health and safety management system and not on individual errors or violations.

The concept of BBS is founded on the principle that the root cause of most accidents is commonly a lack of management control. However, in the majority of cases the immediate cause of the accident is identified as an unsafe act or behaviour committed by an individual.[509] Guidance published by the HSE goes as far to say that all accidents, including near misses are influenced by human factors.[510] Even when a process is automated, people are still needed to control, maintain and optimise the system. In recognition of the growing importance of promoting safe behaviours, many organisations subscribe to behavioural safety programmes in an attempt to address the immediate causes of work-related accidents. At the heart of the behavioural approach to safety management is the assumption that most workplace accidents are caused by human failings. If this is the case, then without worker involvement in safety and health and ownership of health and safety issues, it is difficult to improve health and safety performance. In this sense, BBS and worker involvement in safety and health can be seen as mutually exclusive. Promoting safe behaviour in the workplace requires worker involvement and the development of stronger forms of worker involvement requires an

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[507] HW Heinrich, *Industrial Accident Prevention: A Scientific Approach* (McGraw-Hill 4th ed., 1959)
[508] See P Katsakiora, G Sakellaropoulos and E Manatakis, *Towards an Evaluation of Accident Investigation Methods in Terms of their Alignment with Accident Causation Models* (2009) Safety Science 47 (7) 1009 for a discussion on Fault Tree Analysis and other techniques used for accident investigation purposes
[509] See RB Whittingham, *The Blame Machine: Why Human Error Causes Accidents* (Butterworth Heinemann, 2003) for a discussion on why disasters and serious accidents result from recurring, but potentially unavoidable, human factors
[510] The concept of human factors is explored in later sections of this Chapter. For a detailed critique see Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999)

organisational culture where workers act and think safely and take ownership of health and safety issues. This correlation is now explored in further detail.

## 7.3 Behaviour Based Safety (BBS) and Worker Involvement in Safety and Health

Behaviour Based Safety (BBS) is part of a wider scientific field referred to as Organisational Behaviour Analysis (OBA).[511] BBS focuses upon what people do and analyses how they do it, before applying a research supported intervention strategy to improve the health and safety aspects of what they are doing. The relevance of BBS to the research is that its successful implementation can assist in developing a mature safety culture in which worker involvement becomes embedded in health and safety decision making.[512] Although BBS begins with the commitment and involvement of management, it is eventually cascaded down through the organisation, until it becomes a programme which is employee driven. As depicted in Chapter 2, the spectrum of worker involvement in safety and health identifies that the stronger forms of worker involvement in safety and health practices should be driven by the workforce as opposed to management. In consideration of this point, BBS programmes provide an excellent example of how modern approaches for improving in health and safety performance can be founded on workforce interventions.[513]

With most BBS initiatives it is possible to recognise a number of common features.[514] Firstly, they tend to involve the identification of unsafe behaviours which could generate or have contributed to work related accidents. Secondly, there is often a system of ongoing observations and feedback, commonly referred to as interventions.[515] Finally,

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[511] TR Krause, *Leading With Safety* (Cambridge Centre for Behaviour Studies Hoboken, NJ, Wiley Publishing Company, 2005)
[512] TE McSween, *The Values-Based Safety Process: Improving Your Safety Culture with Behaviour Based Safety* (John Wiley and Sons, 2nd Edition, 2003)
[513] J Komaki et al, *A Rich and Rigorous Examination of Applied Behaviour Analysis Research in the World of Work* (2000) International Review of Industrial and Organisational Psychology 15 273
[514] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)
[515] J Ridley and J Channing, *Safety at Work* (6th Edition, Butterworth Heinemann, Oxford, 2003)

the information derived from the feedback process is used to identify corrective actions. Each of these stages are discussed in turn, illustrating the importance of worker involvement to the success of behaviour based initiatives. It is shown that behavioural safety relies on worker involvement to be successful and that in turn, behavioural safety helps to create an environment that can foster other worker involvement initiatives.

The beginning of any behavioural safety programme typically involves an evaluation of the pre-existing safety climate, in order to determine the prevailing safety culture and identify any potential obstacles and opportunities for improvement.[516] The Chapter ascertains that it is important to determine the maturity of the organisations existing safety culture, as this can represent a key determinant in ensuring the successful implementation of health and safety interventions. The overview of organisational culture can be conducted through the application of a commercially available tool,[517] or alternatively the use of an in-house version. It is useful to undertake this preliminary survey to identify the existing safety climate, as the prevailing culture is a major influence on the health and safety related behaviour of people at work. Indeed, the intention of any behavioural safety initiative should be to improve the prevailing safety culture in the organisation, as without a positive safety culture it is very difficult to achieve and maintain high standards of health and safety performance.[518]

Once the prevailing safety culture has been established, the next stage of the process is the involvement of the workforce. Without worker involvement and commitment any BBS programme may experience only limited success.[519] The philosophy should be emphasised that behavioural safety is about ownership and front-line involvement. It is

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[516] See Health and Safety Executive, *A Review of Safety Culture and Safety Climate Literature for the Development of a Safety Culture Inspection Toolkit* (HSE Books, Research Report 367, 2005) for more information on the appropriate criteria against which company performance can be assessed during a Safety Culture inspection

[517] See Health and Safety Executive, *Health and Safety Climate Survey Tool* (HSE Books, 1997) The Health and Safety Laboratory have since completed a revision of the HSE's original climate survey tool. See Health and Safety Laboratory, 'Safety Climate Tool' <http://www.hsl.gov.uk/health-and-safety-products/safety-climate-tool.aspx> accessed 31 August 2010 for more information

[518] Health and Safety Executive, *Safety Culture: A Review of the Literature* (HSE Books, HSL/2002/25, 2002)

[519] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)

the workers on the shop floor who possess an understanding of the machinery, equipment and processes, and are in an ideal position to explain why people may decide to take short-cuts with health and safety and not follow procedures. The outcome of this stage is the creation of a steering group made from members of the workforce, to plan, direct and oversee the process. Gaining this involvement and interest can be difficult as many employees may avoid what may be perceived as additional work and responsibilities. However, if an ethos is projected that safety is everybody's responsibility and that everyone has a role to play in developing and improving health and safety performance at work, then sufficient members of the workforce may step forward.

Once the steering committee has been formed, the next stage should involve the creation of a behavioural measure. This element of scientific measurement is one of the key concepts of most behavioural safety processes, following in line with the management maxim that performance needs to be measured to be effectively managed.[520] This involves drawing up a list of 30 or 40 safety critical behaviours that are focused on and measured.[521] For ease of measurement this list can be grouped into categories, for example, housekeeping, personal protective equipment, plant and equipment, with each behaviour being observable to the human eye. Identification of the behaviours that are important to safe working can come from the knowledge of the people involved, from past experience or near misses, or possibly from accident reporting information. However, what is more important than the actual choice and acceptance of a behavioural inventory, is that those observing the behaviours are looking for the same thing. This helps to maintain the consistency and credibility of the behavioural programme.

Once the list of key behaviours has been defined, baseline data should be collected via direct workplace observations. Although the skill of observing behaviours is not too difficult a task, it is to be expected that those involved in the process are given training to ensure that they are competent in assessing safety behaviour in the workplace.[522] Those

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[520] PF Drucker, *The Practice of Management* (Collins, 1993)
[521] Ryder Marsh, <http://www.rydermarsh.co.uk> accessed 22 August 2010
[522] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)

involved in observing behaviour need to quickly establish and maintain a good rapport with those being observed. At all times, observers should avoid creating a 'blame culture',[523] by giving the impression that the objective of the observation is not to assign culpability. Behavioural safety is usually founded on peer-to-peer observations, which helps promote harmonious observations, particularly where there are divisions in the workforce between workers, supervisors and management.[524] This emphasises the philosophy that the programme should be employee-driven, to enhance ownership and motivation. The process should ideally involve making random observations. A practical approach is for each individual in the workplace to be observed at a frequency of about once a month. The observation undertaken should identify whether the behaviour is safe or unsafe and assign a percentage score.[525] Although the allocation of a percentage score to behaviour is a relatively subjective approach, it does help to provide numerical data and a benchmark to track improvements towards predetermined goals.[526]

Along with behavioural measurement, goal-setting and feedback have traditionally formed the backbone to the behavioural approach to safety management.[527] Behavioural changing programmes are often most effective when feedback occurs which shows the positive consequences of the safe behaviour. Once the behaviour has been observed, it is important that management take a stance as to how they intend to modify any unsafe or undesired behaviours. One of the approaches that can be used to shape behaviour is that of *performance management.*[528] This technique considers management responses to behaviour in the workplace and shows how defined responses to safe and unsafe practices can be used to modify behaviour. Performance management considers four specific reinforcement responses, namely *positive*, *negative*, *punishment* and *extinction.*

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[523] D Collinson, *Surviving the Rigs: Safety and Surveillance on North Sea Oil Installations* (1999) Organization Studies 20 (4) 585

[524] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002) 12

[525] MD Cooper and RA Phillips, *Exploratory Analysis of the Safety Climate and Safety Behaviour Relationship* (2004) Journal of Safety Research 35 (5) 498

[526] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report, OTO 2000/03, 2000)

[527] MD Cooper, *Reducing Accidents Using Goal Setting and Feedback : A Field Study* (1994) Journal of Occupational and Organizational Psychology 67 (3) 223

[528] A Daniels and T Rosen, *Performance Management: Changing Behaviour that Drives Organisational Effectiveness* (Performance Management Publishers, 2004)

In positive reinforcement, the individual receives something that is wanted or valued after demonstrating proper behaviour. Negative reinforcement, as the term suggests, involves the use of a reprimand or disciplinary action, to ensure that individuals do not partake in unwanted behaviour. In this sense, the individual avoids the undesired behaviour for fear of reprisal. Punishment reinforcement differs from negative reinforcement in that criticism is used as the means for discouraging unwanted behaviour. Finally, extinction reinforcement is used to remove a desired outcome from the individual, for example, leaving work early, to stimulate the desired behaviour. By removing the desired outcome each time the individual demonstrates improper behaviour, over time the behaviour of the individual can be modified. In terms of health and safety management, it has been argued that the most common and successful form of reinforcement is positive reinforcement.[529] This is mainly as positive reinforcement is simple and economical to implement, often by giving a few words of encouragement following observance of good practice. However, positive reinforcement should be applied consistently throughout the workforce, ensuring that managers and supervisors avoid differentiating between different people and work practices.[530]

Once the baseline data has been collected, there should be a stage which involves feeding back this information to the entire workforce in a session involving participative goal-setting for improving the percentage of behaviours observed. Commentators have questioned the merits of goal-setting in occupational health and safety, in relation to behavioural initiatives,[531]however it is has been shown that laid-down specific targets act as a clear motivator to improve behaviour and enhance employee ownership of the goals.[532] Goals and targets should be sensible and achievable, to avoid members of the workforce becoming demoralised with what they perceive to be unrealistic targets. Accurate and regular feedback to the workforce is a fundamental and essential part of the behavioural process and this can be achieved through a number of mechanisms. One of

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[529] D Petersen, *An Experiment in Positive Reinforcement* (Professional Safety, 1984) 32

[530] RB McAfee and AR Winn, *The Use of Incentives/Feedback to Enhance Work Place Safety: A Critique of the Literature* (1989) Journal of Safety Research 20 (1) 14

[531] RA Reber and JA Wallin, *The Effects of Training, Goal Setting and Knowledge of Results on Safe Behaviour: A Component Analysis* (1984) Academy of Management Journal 27 (3) 550

[532] RA Reber et al, *Improving Safety Performance with Goal Setting and Feedback* (1990) Human Performance 3 (1) 56

the most popular mechanisms is that of feedback charts, to display the results of observations. These charts should be updated regularly and placed in positions where workers come across them on a daily basis, to help consolidate the learning process.

The importance of high levels of worker involvement in safety and health in BBS programmes is apparent. The ultimate goal is that behavioural interventions are eventually employee initiated. Employee managed programmes involve passing control of the behaviours being identified and the actions being taken to those participating in the programme. However, it is important that organisations check that they are ready for this type of intervention. A literature review conducted by the HSE indicates that a series of questions need to be answered in determining whether an organisation is ready for a BBS approach.[533] Many of these questions are attempting to ascertain the prevailing levels of worker involvement, in terms of the extent of worker empowerment, delegation of authority, and whether management involvement in health and safety is incorporated into the management structure. The consensus of the literature review, is that organisations should make sure that an appropriate level of worker involvement is in place before attempting to introduce a BBS system. Otherwise, the programme is likely to fail, or even have a negative impact on health and safety performance.

The discussion suggests that BBS is a way of developing a mature safety culture and embedding worker involvement practices into this culture. However, it is evident that the organisation needs to have an appropriate level of worker involvement in safety and health currently in place to enable a behavioural approach to be implemented effectively. Behavioural safety is founded on worker participation on health and safety matters. It can subsequently be assumed that if an organisation's worker involvement practices are founded upon information and consultation, that difficulties may be experienced in implementing a behavioural strategy. If the organisation currently has systems of worker participation in place, a behavioural approach arguably helps develop the maturity of the existing culture and creates further opportunities for stronger forms of worker

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[533] M Fleming and R Lardner, *Behaviour Modification Programmes; Establishing Best Practice* (HSE Books, 2000)

involvement in safety and health to emerge. It could be suggested that co-determination and self management follow on logically from the participative safety culture created by a successful BBS programme. Indeed, evidence from the major hazard industries illustrates that BBS programmes help to facilitate the eventual development and implementation of self managed teams.[534]

### *7.3.1 The Limitations of Behaviour Based Safety (BBS)*

There are a number of limitations of BBS discussed in existing literature. These limitations draw attention to possible issues to consider when managing worker involvement in safety and health. Changing the behaviour of people at work to improve their safety can be an onerous task. The difficulty often lies in that the majority of accidents at work do not arise from specific technology or high risk activities, but from relatively innocuous everyday events such as slips, trips, falls.[535] Trying to focus the workforce on reducing these apparently trivial accidents is problematic. Reducing accidents at work through the introduction of practical behavioural techniques is challenging. However, applying a behavioural approach to the prevention of work-related ill health can be even more difficult. The problem lies in the concept of latency.[536] The onset of many types of occupational ill health take years to manifest and this lack of immediate symptoms can generate a degree of complacency. For example, workers may be more inclined to ensure that guarding is present on a hazardous piece of machinery, due to the self-evident dangers associated with a missing guard. Yet, workers may choose to ignore the dangers related to noise exposure, by not wearing hearing protection. These types of workplace behaviours are inextricably bound to the issue of latency, in that noise is perceived as an insidious hazard, bringing about hearing loss after an extensive period of time. Latency can have even greater ramifications when looking

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[534] Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)

[535] The HSE state that slips and trips are the most common of workplace hazards and make up over a third of all major injuries. See Health and Safety Executive, 'Slips and Trips' <http://www.hse.gov.uk/slips/index.htm> accessed 3 October 2010 for more information

[536] K Sparks, B Faragher and CL Cooper, *Well-Being and Occupational Health in the 21st Century Workplace* (2001) Journal of Occupational and Organizational Psychology, British Psychological Society 74 (4) 492

to shape individual behaviour towards environmental protection. Many environmental problems, such as ozone depletion and climate change, will not affect the current generation. This can make it difficult to persuade individuals that they should adopt a proactive stance towards preventing environmental harm.

There are further barriers to the implementation of BBS, including management commitment and individual response. Unadulterated commitment from management is required and it may even be necessary to change existing management systems. Without strong management commitment it is unlikely that any behavioural approach will succeed.[537] Chapter 3 identifies management commitment as a significant success factor for effective worker involvement in safety and health. It has also been argued that employee driven behavioural strategies may give managers an excuse to shirk their safety responsibilities.[538] Furthermore, individuals in the workforce, possibly at all levels, may feel threatened by the introduction of a behaviour-based approach.[539] Bearing this problem in mind, it is important that the intention and methods used throughout the initiative are clearly explained from the outset to all those involved. Critics have argued that BBS can be overly time-consuming and expensive.[540] The continuous observation of behaviour can have only a limited impact in changing attitudes and once the programme is discontinued bad habits quickly reappear.[541] This presents an argument that more needs to be done to address attitudinal tendencies, as opposed to behavioural aspects. In response to these criticisms, advocates of BBS have presented a sound riposte that focusing on behaviour is a relevant approach for the modern world of work.[542]

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[537] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report, OTO 2000/03, 2000)

[538] J Fredrick, *The United Steelworkers of America's Perspective on Behavioural Safety* (Remarks to the National Safety Council, Los Angeles, 2008)

[539] JH Hidley, *Critical Success Factors for Behaviour Based Safety: Avoiding Common Pitfalls and Achieving Real Gains* (Professional Safety, 1998) 32

[540] B Loafmann, *Behaviour Based Safety: Power and Pitfalls* (Professional Safety, 1998) 27

[541] See D Eckenfelder, *Behavior Based Safety: A Model Poisoned by the Past; Based on Obsolete Thinking, Behavior Based Safety* (2004) Risk and Insurance 15 (12) 65 for somewhat of an indictment of the behaviour based approach to safety

[542] Professor Dominic Cooper conducted a survey of 247 companies that had implemented a programme of behaviour based safety which provided overwhelming evidence of the positive effects along with 92% of the respondents stating that they preferred to work in a company that used behavioural safety model. See B-Safe Management Systems Incorporated, <http://www.behavioural-safety.com> accessed 22 August 2010 for more information

Despite these limitations, behavioural issues are increasingly being given a high priority, particularly in the major hazard industries, with the belief that an emphasis on behaviour helps turn systems and procedures into reality.[543] It is not enough for an organisation to have good systems, as performance is determined by how organisations implement their systems.[544] This can be illustrated by the fact that although airlines across the world fly similar types of aircraft, the risk to passengers varies by a factor of 42 across the world's air carriers.[545] Since these organisations have very similar technology, systems and structures, the difference in performance is largely attributable to systematic differences in the behaviour of their employees, in particular pilots who perform safety critical tasks. These principles also apply to worker involvement in safety and health, as unless managers have an understanding of the various influences on behaviour they may fail to understand how to generate more effective forms of worker involvement. Fundamentally, it is essential that the employees, who themselves suffer the accidents, are thoroughly immersed in any process that is looking to improve behaviour. Their involvement is crucial, as they are the people who know the unsafe acts that are committed and the reasons for doing them. There may be reasons, which managers and supervisors often fail to understand, as to why employees take short cuts to finish a job. The workgroup themselves are in the best position to know the antecedents and consequences which operate and how they can be adjusted to promote safe working arrangements.

## 7.4 An Extension of the Theories on Behavioural Safety to the Management of Worker Involvement in Safety and Health

The previous discussion identifies that worker involvement in safety and health is an integral component of modern strategies in developing and reinforcing safe behaviours in the workplace. It is difficult to promote safe behaviours without the involvement of the workforce and one of the primary reasons for involving workers in health and safety

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[543] Health and Safety Executive, *Leadership of the Major Hazard Industries: Effective Health and Safety Management* (HSE Books, INDG 277, 2004)
[544] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report, OTO 2000/03, 2000)
[545] J Reason, *Managing the Risks of Organisational Accidents* (Ashgate, Aldershot, 1997)

management is to develop and reinforce safe behaviours. However, it is also discussed, that the contribution of behavioural safety in creating a mature safety culture helps establish an environment with the potential to foster stronger forms of worker involvement. The literature review for this Chapter shows that the theories on behavioural safety share a close correlation with theories on worker involvement in safety and health. Analysis now follows as to how the theory on human factors can be extended to the management of worker involvement in safety and health, in order to identify important factors for consideration when planning for worker involvement in safety and health practices.

The Chapter identifies that the shift of focus towards those who operate the machinery and processes has led to the creation of strategies that address workplace behaviours. This has coincided with the development of a specific branch of industrial psychology, commonly referred to as human factors. Human factors are at the heart of modern approaches to reduce accidents and ill health in the workplace,[546] with an understanding that environmental, organisational and job factors, and human and individual characteristics impact behaviour at work, in a way which can affect health and safety.[547] Human factors are a cornerstone of BBS, as it identifies the main influences on workplace behaviour, with interventions being implemented to address these factors. A simple way to view human factors is to consider three aspects; the organisation, the job and the individual, and how these factors affect people's health and safety related behaviour.

Consideration of these three aspects (organisation, job and individual) is important, as it is argued that any form of unsafe behaviour in the workplace can be traced back to one of these factors.[548] Organisational factors typically relate to management and often deficiencies in competency, communication and management commitment and control. Job factors relate to the equipment being used, the task being undertaken and the environment in which work is undertaken. Finally, individual or personal factors relate

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[546] J Stranks, *Human Factors and Behavioural Safety* (Butterworth Heinemann, Oxford, 2007)
[547] Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999)
[548] Ibid 5

to the individual performing the activity. These include any variations or differences in human characteristics, which may have the potential to generate unsafe behaviours in the workplace, for example age or gender. From the literature review, it appears that these organisational, job and individual factors influence behaviour and have the potential to impact the effectiveness of worker involvement in safety and health. Each of these three factors; namely organisation, job and individual, are now discussed in further detail, exploring their potential relevance to the management of worker involvement in safety and health.

### *7.4.1 Organisational Factors*

In relation to human factors, organisational factors typically relate to areas of management influence. Existing literature on managing health and safety emphasises the importance of organisational arrangements, including management commitment and control, communication, co-operation and competency.[549] It is argued that these organisational factors tend to be identified as the root cause of most work related accidents.[550] Chapter 3 identifies that the majority of the limitations associated with worker involvement in safety and health are linked to organisational factors. In particular, management commitment and control, competency and communication are presented as notable determinants influencing the effectiveness of worker involvement in safety and health. This correlation suggests that if an organisational culture is to be developed with the capacity to support effective worker involvement, that similar requirements are needed for management commitment and control, competency and communication.

It is widely recognised that where management do not demonstrate a commitment to health and safety issues at work that this can result in unsafe behaviours in the workplace.[551] Chapter 3 identifies that a lack of management commitment can result in a

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[549] Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999)
[550] F Bird and R Loftus, *Loss Control Management* (International Loss Control Institute, 1976)
[551] Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report 2000/003, 2000)

negative impact on the effectiveness of worker involvement in safety and health.[552] Management, particularly top management, need to demonstrate commitment to worker involvement in safety and health, through allocating sufficient resources and ensuring that roles and responsibilities, for managing worker involvement in safety and health, are delegated to competent personnel. Chapter 3 establishes the importance of leadership with respect to management, ensuring that management set the right examples in the workplace.[553] As part of any attempt to manage worker involvement in safety and health, provisions should be in place to ensure sufficient support and commitment from senior management. It could be argued that in the major hazard industries, the need for effective leadership is even more important, [554] an assertion that can be applied to the management of worker involvement in safety and health.

Competency is cited as a common cause of unsafe behaviours in health and safety literature.[555] Competency is commonly defined as the possession of a level of knowledge, experience, ability and training appropriate to perform duties, along with the ability to recognise personal and professional limitations.[556] Competency is recognised in the research as a key determinant for effective worker involvement in safety and health practices.[557] If workers are to contribute effectively to health and safety decision making, then they need to have the necessary levels of training and experience to make valid suggestions for improvements. In order to promote effective worker involvement, workers may need to be provided with additional training to allow them to contribute to health and safety decision making.

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[552] See CW Fuller, *An Employee Management Consensus Approach to Continuous Improvement in Safety Management* (1999) Employee Relation 21 (4) 406 and M F O'Toole, *Successful Safety Committees: Participation not Legislation* (1999) Journal of Safety Research 30 (1) 53

[553] DR Walters and S Gourlay, *Statutory Employee Involvement in Health and Safety at the Workplace: A Report on the Implementation and Effectiveness of the Safety Representatives and Safety Committees Regulations 1977* (HSE Books, Contract Research Report 20, 1990)

[554] Health and Safety Executive, *Leadership for the Major Hazard Industries* (HSE Books, INDG277 Rev1, 2008)

[555] Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)

[556] The Hazards Forum, *Safety-Related Systems: Guidance for engineers* (Issue 2, 2002)

[557] See Chapter 3 for a discussion of the obstacles to worker involvement in safety and health, including competency

Communication is another example of an organisational factor with the potential to lead to unsafe behaviours.[558] It has been suggested that organisations with a positive safety culture are characterised by effective communication.[559] Indeed, there have been many industrial disasters where a lack of communication has been determined as one of the underlying causes of the accident.[560] A lack of communication also has the potential to undermine worker involvement in safety and health practices, with stronger forms of worker involvement particularly reliant upon communication processes. Where workers are not kept informed of proposals and intended changes, this can have a negative impact on morale and may restrict tendencies to become involved in health and safety initiatives, including worker involvement programmes.

### *7.4.2 Job Factors*

Job factors relate to the task being undertaken, equipment being used and the environment in which work activities are carried out. Human factors problems can arise when tasks are not designed in accordance with ergonomic principles, which take into account limitations and strengths in human performance. Matching the job to the person ensures that workers are not overloaded and that the most effective contribution to the organisation results. This includes a physical match; relating to the design of the workplace, work equipment and a mental match; in terms of an individual's cognitive capacity to deal with information and make decisions. Where there is a mismatch between job requirements and a person's capabilities there is often the potential for human error.[561] Worker involvement in job and equipment design is an important tool in the reduction of both stress levels and safety risks. Individuals are often able to identify

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[558] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41) 28

[559] AI Glendon and EF McKenna, *Human Safety and Risk Management* (Chapman and Hall, London, 1995)

[560] See Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999) for an overview of industrial disaster citing communication and other human errors as causative factors

[561] Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999)

and propose solutions to some of the ergonomic problems in their workplace, as has been shown in many industry specific case studies.[562]

In relation to the potential effectiveness of worker involvement in safety and health practices, it is apparent that job factors have to be considered. Chapter 5 of the research outlines a range of job factors that need to be addressed when promoting worker involvement in safety and health. In particular, it is shown that the world of work has changed dramatically since the introduction of the Health and Safety at Work etc. Act 1974. The nature of jobs being undertaken have changed significantly, including non-standard patterns of employment, such as part-time working, temporary working and shift working arrangements. In consideration of the literature on human factors, these changes could be referred to as job factors. If these changes are not identified and considered at the planning stage, it is likely that problems are encountered when looking to implement worker involvement in safety and health practices.

Another notable job factor relating to occupational health and safety is the working environment. This typically relates to specific issues associated with the local environment, including variations in temperature, noise and lighting. It could be suggested that the working environment is also a consideration for the management of worker involvement in safety and health. For example, in certain working environments employees may be exposed to different hazards and associated risks. In addition, where organisations have operations in different parts of the world, there can be significant local and cultural variations that may have an impact on the effectiveness of worker involvement in safety and health, and again need to be considered in planning arrangements.

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[562] See HSG 48 for a number of case studies which demonstrate how the involvement of workers can improve health and safety performance. In particular, case study B on page 59 shows how employee initiated ergonomic modifications, employee designed training and employee involvement in job analysis helped to generate cost reductions of approximately £100,000 each year cumulatively over eight years

### *7.4.3 Individual Factors*

Individual factors have the potential to generate unsafe behaviours in the workplace. People bring into the workplace their personal attitudes, skills, habits and personalities, which can be strengths or weaknesses depending on the task demands. In relation to worker involvement in safety and health, it is important to understand how individual factors can impact on the effectiveness of worker involvement practices. Worker involvement in safety and health may be influenced by personal characteristics, including attitude, motivation and perception. Further considerations, including age and physical and mental state of health may also have an impact on attempts to promote worker involvement in safety and health. Some of these relevant individual factors are now discussed, in consideration of their application to the management of worker involvement in safety and health.

Attitude is previously defined in the Chapter as the way an individual thinks about a given situation or problem.[563] Shaping positive attitudes is important when looking to influence sustained improvements in workplace behaviours.[564] Furthermore, the development of a positive organisational safety culture requires shared behaviours and attitudes to become safety orientated. The relevance of attitude to worker involvement in safety and health is identified in Chapter 3, as a potential barrier to worker involvement in safety and health. In most cases, attitude relates to a person's feelings and opinions on a specific issue or subject. When looking to involve workers in health and safety decision making, it is necessary that these individuals have a positive attitude towards health and safety and its importance to the organisation. However, management may need to invest time and effort, often through training, to shape positive employee attitudes to worker involvement in safety and health.

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[563] I Donald and D Canter, *Employee Attitudes and Safety in the Chemical Industry* (1994) Journal of Loss Prevention in the Process Industries 7 (3) 205

[564] See Health and Safety Executive, *Attitudes Towards Health and Safety: A Quantitative Survey of Stakeholder Opinion* (HSE Books, 2004) for an analysis of employer and employee attitudes towards health and safety

Motivation is commonly referred to as the driving force which influences behaviour.[565] The early studies of motivation, in the field of occupational health and safety, investigated the nature and determinants of employee safety motivation, with the premise that employee behaviour is dependent on their knowledge, skill and motivation to do the job.[566] Assuming that the knowledge and skills are already present as a result of good selection and training practices, it remains the task of management to develop worker motivation. If worker involvement in safety and health practices are to be successful, there is a reliance on the management and workforce to exhibit a basic drive and interest to improve health and safety standards at work and comply with health and safety requirements.[567] Where this motivation does not exist, a challenge is faced in terms of how to improve levels of motivation. Chapter 3 of the research project identifies that a problem often confronted by management is that many workers may not possess a desire to be involved in health and safety issues at work. The Robens Report cited apathy as one of the main reasons as to why so many accidents occur at work.[568] It therefore rests with the management to identify those workers that do possess a genuine interest and to look at possible incentive schemes to encourage worker involvement in safety and health.[569]

Perception is another important individual factor and is commonly defined as 'the way that we interpret information from our surroundings.'[570] In relation to health and safety management, risk perception applies to the subjective judgment that people make about the characteristics and severity of a risk.[571] The goal setting approach to health and safety legislation is founded on the concept of risk assessment, with perception of risk being a significant consideration when evaluating risks. Our perception of risk influences our

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[565] R Katzell and D Thompson, *Work Motivation: Theory and Practice* (1990) American Psychologist 45 (2) 147

[566] J Andriessen, *Safe Behaviour and Safety Motivation* (1978) Journal of Occupational Accidents 1 370

[567] See Health and Safety Executive, *An Evidence Based Evaluation of How Best to Secure Compliance with Health and Safety Law* (HSE Books, Research Report 334, 2005) a for a detailed review of the factors that motivate employers to comply with health and safety requirements

[568] A Robens, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972)

[569] The use of incentives to encourage workers to participate in health and safety is considered in Chapter 8

[570] P Slovic, *Perception of Risk* (1987) American Association for the Advancement of Science 236 (4799) 282

[571] T Rundmo, *Associations Between Risk Perception and Safety* (1996) Safety Science 24 (3) 201

behaviour. Understanding the factors that influence risk is therefore important where workers are undertaking activities which are deemed as safety critical. In relation to the management of worker involvement in safety and health, it is important that managers understand the various factors which influence our perception of risk and ensure that these factors are addressed, to enable workers to make positive contributions to health and safety management. For example, to address different perceptions of risk, it is necessary to ensure that multidisciplinary approaches to worker involvement in safety and health are implemented.

It is apparent that organisational, job and individual factors have the potential to influence safe behaviours in the workplace, but also represent significant considerations when managing worker involvement in safety and health. The theories on human factors and worker involvement in safety and health share similar foundations. Organisational factors appear to be the most important consideration when developing safe behaviours and also creating a framework for effective worker involvement in safety and health. In Chapter 9 of the research project, a model for managing worker involvement in safety and health is presented, with references being made to how these various factors need to be considered at the planning stage. It may only be through an assessment of organisation, job and individual factors that management are able to determine the best strategies and mechanisms for involving the workforce in health and safety issues and create an organisational culture to foster stronger forms of worker involvement.

## 7.5 Conclusions

The Chapter identifies that a worker involvement in safety and health culture can exist as a sub-set of an organisations existing safety culture. This culture requires worker involvement practices to be embedded into health and safety management. It is established that developing a mature safety culture, through a focus on improving safe behaviours and attitudes, can help create a safety culture with the capacity to support stronger forms of worker involvement in safety and health. The Chapter also evidences that in order to develop a worker involvement culture, that arrangements for worker

involvement need to built in to an organisations operating system. This assertion provides further justification for the need to have a procedural model for worker involvement in safety and health, as detailed in Chapter 9 of the research.

The modern approach to health and safety management has a significant emphasis on promoting safe behaviour in the workplace. This has developed in recent times to an extent where many organisations, particularly those in the major hazard industries, have adopted Behaviour Based Safety (BBS) programmes. These programmes are identified in the Chapter as integral in developing a mature safety culture. Behavioural safety involves the identification and rectification of unsafe behaviour and to be implemented effectively requires the active involvement of the workforce. The Chapter shows that when the workforce are fully integrated into behavioural programmes that we begin to see significant improvements in health and safety performance. BBS initiatives run hand in hand with worker involvement in the workplace and may even have the capability to promote stronger forms of involvement. Over time, a culture can be fostered where the workforce develop enhanced ownership of health and safety and understand the implications of their own behaviours, along with having the ability to identify and reinforce safe behaviours in others.

Although worker involvement in safety and health is a fundamental component of modern behavioural safety strategies, the Chapter identifies that there appears to be a closer link between the theories on behavioural safety and worker involvement in safety and health, than previously discussed in existing literature. The three important variables, namely organisation, job and individual factors are well established by the HSE, as having the power to influence workplace behaviours.[572] However, it appears that these factors are also important in ensuring the effectiveness of worker involvement in safety and health practices and helping to develop an organisational culture founded on worker involvement in safety and health. To help prove this assertion, it may be that further research is required in this area, to explore the potential links between human factors and worker involvement in safety and health in more detail. Overall, the Chapter

[572] Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 1999)

provides a practical perspective of worker involvement in safety and health. This theme is expanded on further, as the next Chapter moves on to discuss how worker involvement can be implemented in practice.

# 8. IMPLEMENTING WORKER INVOLVEMENT IN SAFETY AND HEALTH PRACTICES

The research focuses primarily on theoretical and legislative requirements relating to worker involvement in safety and health. This Chapter adopts a more practical approach by providing discussion on how worker involvement in safety and health can be implemented in practice. In Chapter 2 of the thesis, a spectrum of worker involvement in safety and health is presented. This typology identifies a logical progression from weaker to stronger forms of worker involvement in safety and health. The spectrum of worker involvement shows that various levels of involvement correlate to differing worker involvement practices (e.g., consultation is implemented through safety representatives and health and safety committees, self management through self managed teams, etc.). This Chapter provides a review of these worker involvement mechanisms and discusses how they can be implemented in an organisation. The factors necessary to promote the effective implementation of worker involvement in safety and health in practice are explored, in order to facilitate improvements in organisational health and safety performance.

Different conceptual forms of worker involvement in safety and health are noted in the thesis, however there has been little emphasis on how these forms of involvement can be implemented in practice. This discussion is important, as it has been argued that managers are often unaware of how to start developing levels of worker involvement in safety and health in their organisations.[573] If a manager intends to promote a progression from consultation to participation on health and safety matters, how do they facilitate this change? This section focuses on the mechanisms necessary to ensure that worker involvement in safety and health progresses from theory into practice. The review of worker involvement mechanisms presented in the Chapter is not only linked to the spectrum of worker involvement, but also the systematic approach to worker involvement in safety and health presented in the following Chapter.

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[573] Health and Safety Executive, *Worker Involvement in Health and Safety: What Works?* (HSE Books, Prepared by the Royal Society for the Prevention of Accidents, 2010)

## 8.1 Provision of Information

The provision of information is presented in the research as the weakest form of worker involvement in safety and health.[574] However, the provision of information is an important foundation in supporting stronger forms of worker involvement. For the mechanisms of consultation, participation, co-determination and self management to operate effectively, the various parties involved in the decision making processes require access to relevant information. Chapter 4 of the thesis identifies a variety of legal requirements relating to the provision of information on health and safety matters. The majority of these provisions are founded on the principle that employees and their representatives should be given information to enable them understand the risks and dangers associated with work activities, and how changes to their work may affect health and safety. Health and safety law requires that information is provided on what has been done, or will be done to reduce or stop the risks and dangers.[575] Furthermore, information should be provided to employees or their representatives, detailing what they should do when they come across a dangerous situation. Existing legislation also requires the identity of the competent person, appointed to help the employer meet health and safety legal requirements, be provided.[576]

The legislative provisions for information result in health and safety management practices that require the distribution of a wealth of information on a variety of different health and safety issues. To add to the complexity, it is not just employees whom the employer is required to provide health and safety information. For example, on a major construction project there is often a continuous exchange of information between the various contractors and sub-contractors. Similar practices may be evident in a petro-chemical environment, particularly during a shutdown when a large number of contractors may be present.[577] The significant amount of information from a range of

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[574] See Chapter 2 for a discussion on the different forms of worker involvement in safety and health
[575] Management of Health and Safety at Work Regulations 1999
[576] Chapter 4 provides a detailed analysis of existing legislation and guidance relating to worker involvement in safety and health
[577] Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)

sources, that has to be disseminated to a variety of end users, establishes the need to manage the provision of information in a logical and coherent fashion. This is typically achieved in industry through the implementation of an information management system.[578]

The starting point in the development of an information management system is appointing someone with the professional competence to manage it.[579] In many organisations, this may be an existing manager, or designated to a safety professional. This individual has responsibility for keeping abreast of developments in health and safety legislation and guidance, often through membership of a professional association, and arranging for the collection and systematic documentation of relevant developments in health and safety. The role includes the collection and documentation of internal health and safety information, including the safety policy, risk assessments and accident reports. The information collected, both internally and externally, can then be used as a management tool for the efficient running of the organisation. This information feeds into the stronger forms of worker involvement detailed in the thesis and assists in decision making processes.

Health and safety information derived from internal and external sources can be assimilated into the organisation and held centrally. The relevant information can then be distributed throughout the organisation, or to those departments which have a specific requirement. Health and safety information can be filed manually, or as is often the case in industry, kept electronically on a company intranet.[580] Organisations are increasingly using intranet portals as a way of storing policies and procedures, which can then be accessed prior to undertaking work. Due to the amount of information generated, particularly from internal sources, it may be more practical to have a computerised system, as opposed to retaining hard copies of documentation. The demand for

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[578] B McNurlin and R Sprague, *Information Systems Management in Practice* (Prentice Hall, 2001)

[579] R Watson and J Brancheau, *Key Issues in Information Systems Management: An International Perspective* (1991) Information and Management 20 (3) 220

[580] For a discussion on the potential benefits to be derived from intranets in terms of information management see A Curry, *The Intranet – An Intrinsic Component of Strategic Information Management* (2000) International Journal of Information Management 20 (4) 258

information management systems has resulted in many commercial systems becoming available,[581] however to add value to the organisation, it is often more appropriate to devise a bespoke system that addresses particular needs. Company intranet sites are a convenient way of accessing site specific requirements, however it is important that the information is kept updated and attention is drawn to new material, so that those who do not regularly check the site know what is happening in their workplace. If certain off-site personnel do not have access to the site, then the effectiveness of this mechanism can also be compromised.

Once a system has been created for storing, archiving and accessing information, there is still the challenge to be faced with respect to how this information should be communicated in the organisation. Company intranet sites are previously noted in the thesis as one way of communicating health and safety information.[582] Research published by the Health and Safety Executive (HSE) however, has identified a variety of further mechanisms for communicating health and safety information.[583] These include the provision of leaflets, HSE's publications, the internet, newsletters, safety posters and bulletins. Leaflets are a common way of providing health and safety information and can be an effective communication tool, providing that the reading age is targeted to the specific requirements of the intended audience.[584] The internet in recognised as a useful medium for providing health and safety information, particularly to small and medium sized enterprises.[585] Indeed the HSE, through the creation of their website and micro sites, communicate health and safety information in this manner. However, research has indicated that only a small percentage of small and medium sized firms make use of the

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[581] See Oracle, <http://www.oracle.com> accessed 30 December 2010 and Amdocs, <http://www.amdocs.com> accessed 30 December 2010 for examples of companies that offer proprietary information management systems

[582] Health and Safety Executive, 'Consulting Indirectly with Employees' <http://www.hse.gov.uk/involvement/indirectly.htm> accessed 31 October 2010

[583] Health and Safety Executive, *Effective Design of Workplace Risk Communications* (HSE Books, Research Report 93, 2003)

[584] Ibid 7

[585] N Dickety, *Literature Review of Health and Safety Findings Relevant to Small Firms. Consultation Draft* (Health and Safety Laboratory, HSL Report RAS/05/02, 2005)

HSE's internet services.[586] This finding underlines the need for the HSE to encompass a broad range of mechanisms for communicating information.

One of the simplest ways of communicating written health and safety information in many workplaces is the use of a notice board.[587] Information that can be displayed on a workplace notice board includes fist aid arrangements, emergency evacuation and fire procedures, minutes of recent health and safety committee meetings, details of health and safety targets and performance against them, health and safety posters and campaign details. For a notice board to be effective however, it needs to be well positioned in the workplace, and there should be a regular review undertaken of the notices, to ensure that they are up to date and relevant.[588] Other examples of written communication in health and safety includes employee handbooks, company codes of practice and health and safety procedures, many of which can be provided during employee or contractor orientation.

Research published by the HSE has provided further insights into how to manage communication processes.[589] Although this research is tailored towards regulatory practice, it does identify some best practice methodologies, which could be implemented in many industries. The research recommends the formation of a communication plan that is reviewed on an annual basis. The communication plan details key audiences with communications objectives for each. Arrangements should be in place for developing and testing messages and the means of delivering them to achieve objectives, along with clearly defined responsibilities and resource requirements. The plan should include requirements for timing and co-ordination of key communications and timely checking of the uptake of information and how audiences responded to it. Finally, the research refers to the need to incorporate retrospective evaluation of the plan's effectiveness. The provision of information is essential in making decisions, however, to ensure that the

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[586] J Karnon, *Use of Information and Communications Technology (IST) and Government Internet Services in SMEs* (HSL Report, ERG/02/03, 2002)
[587] P Hughes and E Ferrit, *Introduction to Health and Safety at Work* (Butterworth Heinemann, 4th Edition, 2009)
[588] Ibid 75
[589] Health and Safety Executive, *Risk Communication: A Guide to Regulatory Practice* (HSE Books, Inter-Departmental Liaison Group on Risk Assessment, 1998)

right information is being provided at the right time, the process of information provision needs managing strategically. Furthermore, particularly in the major hazard industries, where the provision and understanding of information is necessary to perform safety critical roles, the importance of an effective information management system is even more apparent.[590]

## 8.2 Consultation

Consultation is identified in the thesis as the predominant form of worker involvement in safety and health in the UK. However, consultation is established as a relatively weak form of worker involvement, as it does not provide sufficient opportunity for workers to significantly influence management decision making on health and safety matters. The primary mechanism for achieving consultation is the appointment of safety representatives, or representatives of employee safety. Once safety representatives are appointed, consultation typically occurs during periodic health and safety committee meetings. Discussion is presented in the following sections on the role of the safety representative in practice and how health and safety committees can be created to provide a forum for workplace consultation. Reference is also made to the factors necessary to promote the effective operation of health and safety committees.

### *8.2.1 Health and Safety Representatives*

Two sets of regulations apply to the role and functions of employee representatives.[591] The Safety Representatives and Safety Committees Regulations 1977 apply to employees in recognised trade unions, whilst the Health and Safety (Consultation with Employees) Regulations 1996 relates to employees who are not trade union members. Chapter 4 identifies that safety representatives appointed under the Safety Representatives and Safety Committees Regulations 1977 have greater powers than their non-union

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[590] Health and Safety Executive, *The Causes of Major Hazard Incidents and How to Improve Risk Control and Health and Safety Management: A Review of the Existing Literature* (HSE Books, HSL/2006/117, 2006)

[591] See Chapter 4 of the thesis for an evaluation of legislation and guidance relating to worker involvement in safety and health

counterparts, representatives of employee safety, elected under the Health and Safety (Consultation with Employees) Regulations 1996.[592] These include the right to carry out inspections of the workplace, investigate incidents and request for a health and safety committee to be established. However, in practice, it is recommended that representatives of employee safety, elected under the 1996 Regulations, are permitted similar functions to those carried out by union-appointed representatives.[593]

Under both sets of regulations, the employer is required to consult with employees, or their representatives, on any measure that may substantially affect health and safety at work. This could include the introduction of new equipment or new systems of work. For example, if the employer intended to introduce a new shift working arrangement, it would be expected that consultation is undertaken on the health and safety implications of this change and how the associated risks are managed. Consultation should take place with regards to the information given to employees concerning the hazards and risks associated with their work activities, how these risks are addressed and what employees should do if they are exposed to risks. Consultation is also required on the planning and organisation of health and safety training and the health and safety consequences of introducing new technology, along with the arrangements for selecting competent people to help comply with health and safety laws.

Where employees are working for an organisation with a recognised trade union, the union invariably writes to the employer to inform them who the appointed safety representative is, and make it clear which groups of employees the representative is representing.[594] An appointed representative should usually have worked for the organisation for two years, or have at least two years of experience doing similar work.[595] Similar best practice requirements should apply to representatives of employee safety elected by the workforce. This is to ensure that the safety representative possesses a level

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[592] Health and Safety Executive, *Consulting Employees on Health and Safety: A Brief Guide to the Law* (HSE Books, INDG232(rev1), 2008) 5

[593] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

[594] Ibid 22

[595] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

of knowledge, allowing them to make a responsible and practical contribution to the health and safety effort. There may be times when it is not practical to appoint a representative with two years experience in the organisation, particularly when the organisation is newly formed, work is of short duration, or possibly if there is a high turnover of staff. In such cases, the practical approach is to appoint the most appropriate representative, in consideration of their skills and experience.

The role of the health and safety representative is independent from management. They are appointed to represent the concerns of their co-workers and respond on their behalf. In this respect, the safety representative is in a unique position to act as a focal point for employees and a filter, to ensure that important health and safety issues are represented to the employer. Historically, the role of the safety representative has been viewed by some employers with distrust.[596] Trade union militancy in some sectors created an environment where confrontation between management and trade union appointed safety representatives became evident.[597] However, safety representatives have the potential to provide valuable insight, skills and resources to help management and co-workers create a collaborative approach to health and safety management. The safety representative also has the right to attend the health and safety committee meeting, the primary forum for workforce consultation and debate on health and safety matters.

### *8.2.2 Health and Safety Committees*

Health and safety law states that an employer is required to establish a health and safety committee if two or more union-appointed safety representatives request so in writing, with the committee to be set up within three months of the request.[598] Although there is no legal requirement for organisations without trade union recognition, it is good practice to set up a health and safety committee for consultation with representatives of employee safety elected by the workforce. The HSE has developed guidance on their website on

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[596] L Minkin, *The Contentious Alliance: Trade Unions and the Labour Party* (Edinburgh University Press, 1991)
[597] D Walters, *Trade Unions and the Effectiveness of Worker Representation in Health and Safety in Britain* (1996) International Journal of Health Services 26 (4) 631
[598] Section 2 (7) of the Health and Safety at Work etc. Act 1974

the implementation of health and safety committees.[599] This guidance provides employers user-friendly advice on how to set up a health and safety committee and addresses the factors necessary to ensure continued success.

The guidance details how the committee should work. It recommends creating a written constitution detailing the basic rules and procedures for the operation of the committee. This constitution should include the committee's purpose and objectives, membership, meeting arrangements and provisions for reporting the outcome of meetings to employees. With regards to membership, the HSE states that committee members should include management representatives, employee representatives, representatives of others in the workplace, such as contractors and co-opted workers, and other personnel who may be included because of specific competencies (e.g. company doctor, health and safety advisor, etc.). The guidance states that the health and safety committee should meet regularly, with the frequency of meetings depending on the volume of business, the size and spread of the workforce, the type of work being carried out and the associated risks and significance of issues to be discussed. It is also good practice for the committee's constitution to detail how often meetings should take place and how much notice members are given.

The health and safety committee provides the opportunity to discuss with employee representatives the general matters about which the workforce must be consulted. To ensure all relevant issues are covered, the committee should have some standing items for the agenda. Such items may include; statistics on health and safety performance, accident investigations and subsequent action, inspections of the workplace, risk assessments, health and safety training, emergency procedures and changes in the workplace affecting health and safety. It is important that the committee is given the power to make decisions and deal with disagreements. The HSE emphasises that the health and safety committee should discuss if action is needed and recommend agreed

[599] Health and Safety Executive, 'Health and Safety Committees' <http://www.hse.gov.uk/involvement/hscommittees.htm> accessed 29 December 2010

actions.[600] Discussions and actions should be recorded in the minutes of the meeting, ensuring that this information is accessible to the entire workforce. A recommendation is also provided in the guidance to ensure that actions identified during the meeting are followed up and reviewed at a later date. If disagreements cannot be resolved then company procedures for addressing employment relations disputes should be considered, or the Advisory, Conciliation and Arbitration Service (ACAS) contacted to provide advice.[601]

The HSE recommends that sufficient resources are allocated to promote the effective functioning of the committee.[602] It states that employee representatives should be given time to prepare for meetings as management representatives would, and access to the same information for the purposes of discussion at the meeting. Employee representatives should be given training that is reasonable in the circumstance to allow them to perform their role. Evidence presented in Chapter 3 illustrates that training can help employee representatives contribute equally to the aims and purpose of the committee. It is also important that members of a health and safety committee should not suffer a loss in pay when they attend meetings, or carry out other activities on behalf of the committee.

Although it is shown that health and safety committees exist in around one-quarter of all workplaces in the UK,[603] it has been established that over a period of time many of these committees stagnate and lose the impetus they held when first created.[604] Research has been carried out into this trend and a number of factors identified to help support the long term effectiveness of a health and safety committee.[605] Health and safety committees

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[600] Health and Safety Executive, 'Health and Safety Committees' <http://www.hse.gov.uk/involvement/hscommittees.htm> accessed 29 December 2010
[601] Advisory, Conciliation and Arbitration Service, <http://www.acas.org.uk> accessed 16 January 2011
[602] Health and Safety Executive, 'Health and Safety Committees' <http://www.hse.gov.uk/involvement/hscommittees.htm> accessed 29 December 2010
[603] J Hillage, B Kersely, P Bates and J Rick, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268, 2000) 43
[604] P Beaumont, J Coyle and J Leopold, *The Determinants of Effective Health and Safety Committees* (1982) Management Research News 5 (1) 1
[605] Health and Safety Executive, *Workforce Participation in the Management of Occupational Safety and Health* (HSE Report, HSL/2005/09, 2004)

should involve a variety of different people to demonstrate management commitment to differing concerns. Where committees are dominated by management, it is more difficult to establish a balanced perspective on health and safety issues. Too often health and safety committees become a complaints forum for raising trivial matters that receive no management attention.[606] To avoid this, it is important that health and safety committees address strategic issues affecting the workforce, or groups in the workforce, and allow day to day health and safety issues to be resolved at a local level. Committee meetings should not be cancelled unless there are exceptional reasons, otherwise frequently cancelled, or postponed meetings, can damage the value of the committee.

A degree of formalisation is required to foster effective health and safety committees.[607] Meetings need to be planned in advance, with all committee members receiving a personal copy of planned meeting dates. An agenda should also be provided prior to commencement of the meeting. During the meeting, minutes need to be taken with clear actions and responsibilities defined. This establishes accountability and allows the close out of actions to be addressed in future meetings. A level of etiquette should be maintained during meetings. It is good practice to incorporate rules of conduct or behaviour in the committees' constitution, with members understanding the need to follow these conventions and conform to acceptable standards of behaviour. Having an assertive chair can help address disagreements and ensure the smooth running of the committee. Overall, consideration of these factors helps assist in maintaining the credibility and momentum of the health and safety committee, over a sustained period of time.

## 8.3 Participation

Participation is presented in the thesis as the active involvement of workers, or their representatives, in health and safety decision making.[608] In Chapter 2, the spectrum of

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[606] A Holt, *Principles of Health and Safety at Work* (IOSH Publishing, 1997)

[607] Health and Safety Executive, 'How Your Health and Safety Committee Will Work' <http://www.hse.gov.uk/involvement/agreeprinciples.htm> accessed 29 December 2010

[608] See Chapter 2 for definitions of the various forms of worker involvement in safety and health

worker involvement in safety and health illustrates that participation can be facilitated via worker involvement in the development, implementation and maintenance of an occupational health and safety management system. This has been touched upon in other Chapters,[609] however this section provides further details on how this can be achieved in practice. Research conducted by the HSE presents examples of how organisations have encouraged worker participation in health and safety management.[610] The research illustrates examples of worker participation in different types of industry and working practices, in line with the six main elements of health and safety management, as described in HSE Guidance Note 65. These six components include; policy, organising, planning and implementation, measuring performance, audit and review.

### *8.3.1 Policy*

The preparation of a health and safety policy is a legal requirement for all organisations[611] and should represent a commitment from management to maintaining standards of health, safety and welfare in the workplace. The policy is the foundation of the health and safety management system and provides an opportunity for worker participation in its development. In particular, the policy statement, a section of the policy typically communicated to stakeholders in a highly visible fashion, should contain values and objectives which relate to desired health and safety improvements. Holding workshops with employees can be one way of formulating a set of values and establishing a vision and objectives that can be included in the policy statement. Participation of the workforce in policy development in this manner can help to establish common goals and expectations, in line with the company's health and safety strategy and may ultimately assist in the implementation of policy requirements.

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[609] Chapter 4 of the research refers to examples of guidance on worker participation in health and safety management

[610] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2001)

[611] Section 2 (3) of the Health and Safety at Work etc. Act 1974

### *8.3.2 Organising*

HSG 65 details that organising for health and safety involves having an effective management structure and arrangements in place for delivering policy.[612] Organising for health and safety includes management arrangements for control, communication, competence and cooperation. These four organisational issues are recognised in existing literature as essential components in developing a positive safety culture.[613] The previous Chapter discusses how an organisational culture can be developed with the capacity to support worker involvement in safety and health. Opportunities exist for workers to participate in all of these organisational requirements.

In relation to increasing levels of *control* over health and safety, employees can be given specific health and safety responsibilities. This can be achieved by appointing members of the workforce as *safety champions*.[614] The role of safety champion can typically be fulfilled by any member of the workforce who expresses a genuine desire, or interest to be involved in health and safety issues at work. Safety champions take on an advisory capacity in organisations, supported by necessary training and information. They should receive additional health and safety training, compared to other employees, to enable them to contribute to basic health and safety management functions. The appointment of safety champions is particularly prevalent in the construction industry, on large projects, where the size of the workforce may dictate additional requirements for health and safety supervision.

Enhancing levels of worker control, as in the example of safety champions, is often referred to as *job enrichment*.[615] Job enrichment involves increasing the number of tasks which are allocated to different roles. The allocation of extra tasks should incorporate greater autonomy and increased control over the job. An example could include giving

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[612] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)
[613] Health and Safety Executive, *Safety Culture: A Review of the Literature* (HSE Books, HSL/2002/25, 2002)
[614] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2003) 11
[615] Health and Safety Executive, *Development of a Multiskilling Life Cycle Model* (HSE Books, Contract Research Report 328, 2001) 2

employees an additional responsibility of undertaking risk assessments, or acting as a first aider in the workplace. However, employees require training in order to perform these new functions effectively. The impact of these changes can be to develop ownership of health and safety issues and increase personal development opportunities. Ultimately, job enrichment has the potential to be shaped into a force for generating greater job satisfaction amongst the workforce and bringing about tangible improvements in health and safety performance.[616]

There are various ways in which workers can participate in the *communication* of health and safety information. Earlier in the Chapter, examples are provided of mechanisms for communicating health and safety information, including leaflets, posters and procedures. Employees can be involved in the development and communication of these sources of information. Pre-task briefings are one way of getting workers involved in the communication of health and safety information. Briefings can be initiated at the beginning of a shift or a task, or when something changes that could affect the worker. Briefings typically involve discussing the work to be done and comparing risk assessment controls and methods of work with the actual task in hand. Feedback is not restricted to the task and the workers should be encouraged to discuss any health and safety issues they desire. Furthermore, some organisations have initiated safety campaigns as a way of gaining employee participation in the communication of health and safety. Case studies have evidenced that the participation of employees in the activities and planning of an annual safety week, for example, can be a useful tool in generating employee ownership of health and safety issues.[617]

*Competency* is an important consideration when organising for health and safety. Workers can participate in the process of competency management by contributing to the development and delivery of health and safety training, necessary to enhance levels of competency. Some organisations have experimented with joint management/workforce

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[616] D Ondrack and M Evans, *Job Enrichment and Job Satisfaction in the Quality of Working Life and Non-Quality of Working Life Sites* (1986) Human Relations 39 (9) 874

[617] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2001)

training sessions as a way of providing employees with an opportunity to raise health and safety issues.[618] However, it has been shown that workers may exhibit a reluctance to raise concerns in a close environment with management, possibly due to fears of reprisal.[619] Safety representatives can also get involved in the delivery of health and safety training on different topics to the workforce. Furthermore, the delivery of toolbox talks on health and safety topics is an example of how supervisors can participate in health and safety training.[620]

*Cooperation* is the final organisational requirement referred to in HSG 65. The guidance refers to the importance of establishing partnerships between stakeholders, to promote improvements in health and safety performance.[621] HSE research has shown that suggestion schemes are one way of promoting cooperation, by encouraging employees to contribute constructive ideas for improving health and safety in their organisation.[622] This process generally involves workers writing their suggestion on a piece of paper and placing it in a box that is easily accessible. The International Labour Organization (ILO) has produced guidance on how to set up an employee suggestion scheme.[623] This guidance advocates a number of steps in implementing such a scheme. Firstly, the box needs to be positioned in a convenient location for employees to drop their suggestions. It should be explained to workers that ideas for improving health and safety can relate to their work area, or the factory in general. A designated manager, who is senior enough to demonstrate commitment, should be responsible for emptying the box on a regularly scheduled basis, such as once a week. A committee should be created to review all suggestions and determine which ones should be implemented based on specific criteria.

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[618] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2001) 7

[619] Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006) 28

[620] The term toolbox talk relates to short training sessions that address a particular topic. For further guidance on this topic, including information on how to develop and deliver toolbox talks see Health and Safety Executive, A Toolbox Talk on Leaning Ladder and Stepladder Safety' INDG 403 (October 2005) <http://www.hse.gov.uk/pubns/indg403.pdf> accessed 15 January 2011

[621] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)

[622] Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006)

[623] International Labour Organization, *Setting up an Employee Suggestion Scheme* (Good Practice Guide, Factory Improvement Programme, 1992)

The implementation of suggestions should be followed through, with response and justification for those suggestions that cannot be implemented. Finally, workers should be rewarded for their suggestions, with no penalty for workers who make critical observations.

Safety circles are another mechanism for promoting worker cooperation and participation on health and safety matters, and may also represent an ideal forum for the presentation of improvement suggestions from employees.[624] Safety circles consist of volunteers who come together for the purpose of solving specific problems. They differ from a health and safety committee in that they do not have to meet at regular intervals. Safety circles are subsequently dissolved after each meeting until another problem arises that needs a solution. The concept has evolved from quality circles, which were introduced primarily in the automotive industry to address quality in manufacturing processes.[625] Although safety circles are essentially reactive in nature, they can be developed to adopt more of a pro-active approach in addressing potential health and safety problems.

### *8.3.3 Planning and Implementation*

One of the central aspects of planning for health and safety is risk assessment and this process presents an ideal opportunity for employee participation in identifying, assessing and controlling risk. Risk assessment is a concept at the heart of the active approach to managing health and safety.[626] The HSE advocate a '5 step approach' to carrying out risk assessments in the workplace and the involvement of workers in the risk assessment process is critical to the success of any form of risk assessment.[627] Chapter 3 establishes that workers often have a good understanding of the on-site hazards and associated risks. They may also be aware of commonly taken shortcuts and be able to suggest practical

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[624] Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006) 28

[625] See Chapter 6 for a brief discussion on quality circles and Japanese approaches to quality management

[626] The HSE has developed a dedicated micro site that provides information and resources on risk assessment. See Health and Safety Executive, 'Risk Management' <http://www.hse.gov.uk/risk/> accessed 15 January 2011 for more information

[627] Health and Safety Executive, *Five Steps to Risk Assessment* (HSE Books, HSG 163, Rev 2, June, 2006)

precautions for reducing risk. It is these technical competencies possessed by the workforce that need to be channelled effectively when initiating risk assessments.

Research has identified that in approximately 50% of cases risk assessments are performed by line management.[628] Unfortunately, this can create a situation where there is little worker ownership of risk assessments. To address this problem it is important to try and engage a cross-section of the workforce in the risk assessment process. A starting point is to identify relevant individuals from different departments in the organisation. A cross-section of employees from engineering, maintenance, operations, finance, administration or any other departments, can provide a creative approach when identifying hazards and evaluating and controlling risk. It is important that all of these individuals have a genuine interest in raising the profile of occupational health and safety, along with possessing the required competencies to be able to contribute effectively. In many cases, in order to develop competency levels, workers may need specific training in the risk assessment process.

One of the main challenges of involving workers in risk assessments is where organisations are faced with a highly transient or peripatetic workforce. This can involve a workforce made up largely of contractors, agency workers, part-time staff and possibly lone workers.[629] In this type of environment, attempts to generate effective worker involvement may be difficult. One of the ways of addressing this problem is to ensure that all planned work activity has a health and safety plan, which includes a requirement for on-site risk assessments before daily activities are undertaken. These plans can incorporate hazard spotting exercises, as opposed to thorough risk assessments, which encourage workers to take a step back and consider associated risks before commencing work activities. In industry, a number of further specific risk assessment methodologies are reliant on workforce participation to function effectively. These include Job Safety

[628] Health and Safety Executive, *An Evaluation of the Five Steps to Risk Assessment* (HSE Books, Research Report 476, 2006) 21

[629] Chapter 5 provides a detailed review of the challenges facing worker involvement in safety and health, including changing employment conditions

Analysis (JSA) and Hazard and Operability Study (HAZOP), both of which are discussed briefly in the following sections.

*(A) Job Safety Analysis (JSA)*

One of the most commonly applied task specific risk assessment techniques applied in industry is Job Safety Analysis (JSA), commonly referred to as Job Hazard Analysis (JHA).[630] This is a technique that relies on worker participation in order to be carried out effectively.[631] The analysis starts with a summary of the whole job process. The job is then broken down into smaller steps, each of which are listed in a tabular format. Once the steps in performing the task have been identified, the relevant hazards and corresponding precautions associated with each step can then be determined. Every aspect of the work activity is analysed and a safe system of work for undertaking the task created. Invariably, the safe system of work is documented in some form of work instruction, or method statement for performing the task. When undertaking a JSA, it is important to involve those workers who undertake the task on a regular basis. Workers are not only able to describe the stages of the task in detail, but should also have experience of the hazards associated with each step of the task, along with practical perspectives of how the associated risks can be controlled.

*(B) Hazard and Operability Study (HAZOP)*

In the major hazard industries, Hazard and Operability Study (HAZOP) is an example of how a multi-disciplinary approach to process risk management can help to significantly reduce associated risks.[632] HAZOP was developed as a risk assessment tool which attempts to identify deviations in process parameters such as temperature and pressure, before evaluating the impact of these changes on the system and deciding how to prevent

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[630] US Dept of Labor, *Job Hazard Analysis* (OSHA 3071, 2002)
[631] M O'Toole, *The Relationship Between Employer's Perceptions of Safety and Organisational Culture* (2002) Journal of Safety Research 33 (2) 238
[632] Health and Safety Executive, *Review of Hazard Identification Techniques* (HSE Books, HSL/2005/58, 2005)

or control the impacts.[633] As a detailed study, it is typically carried out by a team of individuals, including process engineers, chemists, safety advisors and management. It has been argued that the creative element of group discussion actively promoted with HAZOP study sets it apart from other hazard identification processes.[634] Research published by the HSE has identified that a range of other hazard identification and risk assessment techniques used in the major hazard industries are also reliant on worker participation to function effectively.[635]

*(C) Designing Control Measures*

Workers may possess capabilities in identifying hazards and assessing risk. The logical progression from worker participation in risk assessment is involvement in the design of control measures and implementation of operational controls. Control measures for reducing risks can come in variety of forms, including technical, procedural and behavioural measures. Although the design of technical measures may be beyond the competency of most employees, opportunities can exist for workers to participate in the development of procedures, method statements and work instructions. Management may not be best positioned to create operational controls that apply specifically to working practices. The participation of the workforce however, allows procedural controls to be tailored to address site specific considerations. A lack of worker participation in this process may result in procedures being established which cannot be effectively implemented in the workplace.

Workers can also participate with regards to the health and safety considerations of certain procurement decisions. A good example is the selection of personal protective equipment (PPE) in the workplace. As opposed to purchasing large stocks of PPE in bulk, it is recommended that user trials are undertaken with employees utilising different

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[633] Health and Safety Executive, *Review of Hazard Identification Techniques* (HSE Books, HSL/2005/58, 2005) 7

[634] Health and Safety Executive, *Review of Methods for Demonstrating Redundancy in Dynamic Positioning Systems for the Offshore Industry* (HSE Books, Research Report 195, 2004)

[635] Health and Safety Executive, *Optimising Hazard Management by Workforce Engagement and Supervision* (HSE Books, Research Report 637, 2008)

models of PPE.[636] A feedback process can be established to enable employees to provide information to management, with regards to the benefits and limitations associated with different types of PPE. This principle can be applied to other procurement decisions, for example the selection of equipment and materials, enabling employees to determine whether procurement decisions introduce unforeseen hazards into the workplace.

### *8.3.4 Measuring Performance*

Organisational health and safety performance is typically analysed through a combination of active (pro-active) and reactive techniques.[637] Active techniques are pre-emptive in attempting to identify problems in health and safety management before they occur. This can include undertaking environmental monitoring, audits and workplace inspections. Reactive monitoring however, focuses on failures in the management of health and safety. This includes near miss and accident reporting and the recording of complaints and sickness absence. Significant potential exists for worker participation in both active and reactive methods of performance measurement.

The Chapter notes that risk assessment techniques illustrate the benefits of a multidisciplinary approach to solving health and safety problems. Multi-disciplinary teams can also add value to the active and reactive measurement and monitoring of health and safety performance. For example, workplace inspections, a form of active monitoring, are best undertaken by a group of people who possess an understanding of local conditions.[638] In a similar fashion, near miss and accident investigation, examples of reactive monitoring, can be more effective when a team approach is adopted.[639] Accident investigation should adopt a causal approach to identify immediate, underlying and root causes that have led to an incident. The active participation of the workforce in this process can be useful, as workers may be more aware of potential problems and short

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[636] Health and Safety Executive, *A Study of the Slip Characteristics of Metal Flooring Materials* (HSE Books, Research Report 534, 2007) 25
[637] Health and Safety Executive, *Managing Health and Safety: Five Steps to Success* (HSE Books, INDG 275, 2008) 5
[638] Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2001)
[639] Ibid 25

cuts that could be linked to accident causes. The correlation between behaviour based safety (BBS) and worker involvement in safety and health is evaluated in Chapter 7 of the thesis. BBS is founded on worker involvement, particularly worker participation in the monitoring of performance, including reporting of unsafe acts and conditions.

Key performance indicators (KPIs) are commonly used as a tool for gauging health and safety performance.[640] KPIs typically include a combination of leading and lagging indicators. A leading indicator is a form of active monitoring and provides information that helps the user respond to changing circumstances and take actions to achieve desired outcomes, or avoid unwanted outcomes.[641] These can include the number of workplace inspections undertaken or the number of risk assessments performed. Lagging indicators however, are a form of reactive monitoring and show when a desired safety outcome has failed, or has not been achieved.[642] This can include the number of reported near misses, or the number of incidents. When KPIs are being set it is important that they are achievable, otherwise workers may be de-motivated if they are confronted with what may be perceived as unrealistic targets. One way to address this issue, is for employees to participate in the KPI-setting process. This can be achieved by holding workshops, where employees are permitted to put forward potential ideas for measuring performance. Through this process, employees may be able to suggest possible KPIs and contribute to establishing KPIs that are achievable.

### *8.3.5 Audit*

HSG 65 refers to auditing as the structured process of collecting independent information on the efficiency, effectiveness and reliability of the total health and safety management system, and drawing up plans for corrective action.[643] Auditing is an essential part of a health and safety management system and employees can participate in this process.

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[640] Health and Safety Executive, *Client/Contractor Relationships in Managing Health and Safety on Projects* (HSE Books, Research Report 462, 2006) xiii
[641] Health and Safety Executive, *Leading Indicators for Assessing Reduction in Risk of Long Latency Diseases* (HSE Books, Research Report 734, 2009)
[642] Health and Safety Executive, *Developing Process Safety Indicators: A Step-by-Step Guide for Chemical and Major Hazard Industries* (HSE Books, HSG 254, 2007) 7
[643] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)

Internal auditing is typically undertaken by a competent person, or a team who have had training to do the work. This team may include managers, specialists, external consultants and employees or their representatives. Auditing, by its nature, focuses on procedural compliance, as opposed to substandard physical conditions and unsafe acts, generally addressed during a workplace inspection. The participation of employees in audit processes can be invaluable as they may possess local knowledge about a workplace or process and an understanding in terms of why individuals may not follow procedures.[644]

### *8.3.6 Review*

The final component of HSG 65 is management review.[645] Reviewing is the process of making judgments about the adequacy of performance and taking decisions about the nature and timing of actions to remedy deficiencies. Reviewing should be a continuous process and potential exists for worker participation at different levels of the organisation. First line supervisors or managers can review the effectiveness of control measures and implement further measures where appropriate, in the course of routine activities. Workers can participate in the implementation of remedial actions necessary to address sub-standard performance, identified from active and reactive monitoring exercises. Workers can also contribute to the review of plans at an individual, departmental, site, group or organisational level. Furthermore, where review plans are developed in an organisation to assess and reflect on performance, employees may participate in the development and implementation of such plans.

### *8.3.7 The Use of Incentives in Promoting Worker Participation*

There are a variety of ways in which workers can participate in the development, implementation and maintenance of a health and safety management system. However in some workplaces, management may be faced with a significant challenge when

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[644] Health and Safety Executive, *Workforce Participation in the Management of Occupational Safety and Health* (HSE Report, HSL/2005/09, 2004) 21
[645] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)

attempting to motivate employees to participate in health and safety management. Apathy has been previously recognised as one of the main obstacles to be faced in promoting improvements in health and safety performance.[646] One of the ways in which this can be addressed is to consider the introduction of an incentive scheme to reward employees who become actively involved in health and safety issues. Although the use of incentives in health and safety has developed a level of notoriety, particularly in relation to accident under-reporting,[647] incentives schemes have been championed as an effective tool in promoting worker participation and improvements in health and safety performance.[648]

The successful application of an incentive scheme requires an understanding of what specifically motivates individuals in the workplace. Although some commentators have claimed that money is the main factor which influences behaviour,[649] research has indicated that money is an extrinsic reward, which, if we do not receive in sufficient quantities may lead to dissatisfaction, but is not necessarily something which engenders motivation.[650] Motivating factors can include time off work, prospects of promotion, or possibly training opportunities. By offering a range of incentive options, the organisation is more likely to cater for the various motivational needs of a diverse workforce.

Although some employees may be interested in taking a more active role in health and safety, for example by becoming a safety representative or first aider, these individuals often have to overcome a number of obstacles whilst assuming additional responsibilities. In particular, the individual may have to try and fit additional responsibilities alongside their existing job and possibly deal with criticism from their peers, who may be suspicious of such changes.[651] Incentives can help provide tangible recognition of the

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[646] See Chapter 3 of the research for a discussion on the barriers to involving workers in health and safety

[647] Health and Safety Executive, *Literature Review on the Reporting of Workplace Injury Trends* (HSE Books, HSL/2005/36, 2005) v

[648] Health and Safety Executive, *Literature Review on the Value of Target Setting* (HSE Books, HSL/2005/40, 2005) 23

[649] T Tang, *The Meaning of Money Revisited* (1992) Journal of Organisational Behaviour 13 (2) 199

[650] F Herzberg, B Mausner and B Snyderman, *The Motivation to Work* (Transaction Publishers, New Jersey, 1993)

[651] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

value being placed on these roles and may make the transition more attractive to employees.

## 8.4 Co-determination

Even where information and consultation processes work well, they seldom include employees in health and safety decision making processes.[652] Co-determination is presented in the research as a stronger form of worker involvement in safety and health, allowing employees equal influence to management over decision making. In several countries (Germany, the Netherlands and Sweden, for example), the rights of works councils and employee representatives exceeds information and consultation rights and extends into co-determination.[653] The agreement of the works council, or other representatives, is necessary for certain decisions or measures to be taken, giving them a right of veto. This section looks at the main mechanism for facilitating co-determination on health and safety matters, namely the works council. Whereas previous discussion presented in the research focuses more on legal requirements, the perspective of this analysis is upon the implementation of works councils in practice, including their operation and functioning.

### *8.4.1 Works Councils*

The implementation of a works council is presented as a way of affording employees greater influence over health and safety issues. However, despite the positive aspects of works councils identified in Chapter 3, the main objective of providing workers with a voice in decision making processes has only been achieved in a minority of cases. This can be evidenced by research showing that in practice most works councils are predominantly involved in the provision of information.[654] It is only in a relatively small number of jurisdictions, including Germany, that the role of the works council has

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[652] See Chapter 3 of the research for a review of the benefits and limitations associated with the different forms of worker involvement in safety and health

[653] Chapter 4 provides an analysis of legislation and guidance relating to co-determination

[654] A Weiler, *European Works Councils in Practice* (European Foundation for the Improvement of Living and Working Conditions, 2004)

evolved to allow employees co-decision rights. It has also been identified that many works councils that appear strong were not born that way. Institutions typically evolve and develop through a process of mutual learning, shared confidences and shared support.[655] Due to the complexity and multi-dimensional aspects affecting the operation of works councils, it is difficult to present a practical typology of works councils. However, in consideration of relevant published literature, a number of key themes emerge that are worthy of discussion.

A works council is a permanent elected body of workforce representatives (or occasionally joint committee with employers representatives[656]), set-up on the basis of law or collective agreements, with the overall task of promoting co-operation in the organisation. The works council is responsible for monitoring the implementation of labour laws, which include health and safety regulations. Where regulation is not complied with by the organisation, the works council may have powers (legal or otherwise) to address non-compliance. Works councils exist in most member states of the European Union, except for Sweden. Chapter 4 shows that legislative requirements typically provide the minimum workforce size for a works council to be established. However, legislative provisions that require a works council to be formed based on the number of employees, can result in employees in small and medium sized organisations not being covered by these rights.[657] Alternatively, an agreement or the application of other information and consultation requirements often results in the establishment of a works council.

The frequency of works council meetings are either determined by law, collective agreements, or decided independently. The frequency of meetings varies considerably between countries and sometimes regulations provide different frequencies for employee only and joint meetings with management. To provide some relevant examples, legislation in Germany requires the works council to meet 30 times per year without the

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[655] A Weiler, *European Works Councils in Practice* (European Foundation for the Improvement of Living and Working Conditions, 2004) 104

[656] See Chapter 6 for a discussion on the requirements for joint health and safety committees in Sweden and other jurisdictions

[657] Chapter 4 providers an analysis of legislative provisions relating to the establishment of works councils

employer, and 11 times per year with the employer. In the Netherlands, legislation requires 14 meetings per year with management, and 8 per year without management. In practice however, most works councils convene whenever an important issue concerning information, consultation and co-determination rights is recognised.[658]

Another area worthy of analysis is the operation of works councils alongside trade unions. Works councils are often perceived to be separate from trade union representation, with the two acting as dual channels of employee representation.[659] However, it should be noted that this separation does not exist in all countries, with Sweden being cited as a relevant example.[660] In practice, even where trade unions are not given a specific role in works councils, these bodies are usually union dominated. In Germany, for example, the majority of works council's members are also union members.[661] Even in the UK, where works council-type bodies (joint consultative committees) are voluntary, or based on local agreements, it is not generally the case that they are alternate to trade union based representation.[662] Consultative committees and trade union representation tend to go hand in hand, rather than being substitutes for one another.

Despite the many different forms of works councils, they typically have similar rules to other forms of employee representation, such as health and safety committees. These include requirements for the confidentiality of information provided to employee representatives, whereby members of the works council are not permitted to provide information of particular significance to third parties. This can include information pertaining to legal proceedings, or covered by data protection requirements. Employee

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[658] M Carley, A Baradel and C Welz, *Works Councils, Workplace Representation and Participation Structures* (European Foundation for the Improvement of Living and Working Conditions, 2003) 28

[659] V Telljohann, *The European Works Councils: A Role Beyond the EC Directive?* (2005) European Review of Labour and Research 11 (1) 91

[660] J Waddington, *The Performance of EWCs 12 Years After the Directive* (2006) European Works Councils Bulletin 65 9

[661] M Carley, A Baradel and C Welz, *Works Councils, Workplace Representation and Participation Structures* (European Foundation for the Improvement of Living and Working Conditions, 2003)

[662] P Marginson, M Hall and A Hoffman, *The Impact of European Works Councils on Management Decision-Making in UK and US-Based Multinationals: A Case Study Comparison* (2004) British Journal of Industrial Relations 42 (2) 230

representatives are also protected from dismissal or detriment on grounds related to the performance of their duties. Furthermore, adequate resources are required for employee representatives, which may take the form of paid time off to perform their duties, training, facilities and access to experts.

Research has identified that a variety of structural, procedural and strategic factors influence the effectiveness of works councils in any given jurisdiction.[663] Company history, corporate culture and the extent of resources allocated to works councils have been identified as the strongest influencing factors in the development of a works council. Former experiences with employee representation, the organisational architecture supporting worker participation and the national industrial relations culture present within the country have also been cited as significant variables. A number of success factors presented in research are assigned a lower weighting, including the expansion and restricting of internal company strategies and the degree of internationalisation of the company. Despite the wide range of influences on work council development, it is evident that organisational culture and commitment from senior management stand out as critical success factors.

## 8.5 Self Management

Self management is presented in the thesis as the strongest form of worker involvement in safety and health.[664] Self management provides workers the power to make decisions relating to health and safety without having to return to the management prerogative. Chapter 2 indicates that self management is accompanied by the greatest levels of worker empowerment on health and safety issues. Self management can be implemented in practice through Self Managed Teams (SMTs). The following section details how SMTs operate in practice and details the factors to consider when looking at successfully introducing them into an organisation.

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[663] A Weiler, *European Works Councils in Practice* (European Foundation for the Improvement of Living and Working Conditions, 2004)

[664] See Chapter 2 for a discussion on the different forms of worker involvement in safety and health

### *8.5.1 Self Managed Teams*

In SMTs much of the responsibility and authority for making management decisions is turned over to a group of people who perform interdependently, in order to accomplish an assigned task.[665] Existing literature on SMTs provides step-by-step guides for implementation, however it has been argued that much of the content is repetitive,[666] identifying the need to develop a detailed self managed team structure. It is important that once an SMT methodology has been chosen as appropriate for the organisation, that planned implementation is undertaken. Establishing clear team boundaries is necessary, so team members can share accountability and responsibility for group outcomes. These boundaries should define inter-related jobs and activities that, when taken together, produce meaningful outcomes. When the concept of self management is presented, the idea of employees being given the freedom to make decisions without direct management control may appear somewhat unrealistic. In practice however, most SMTs incorporate some level of management control. Clarification of the degree of autonomy afforded to the team is required and this may be planned to increase over time as the capability of the team develops.[667]

When implementing SMTs, existing organisational structures need to be assessed, particularly human resources, to ensure the necessary support is provided for the new structure.[668] Following this, an implementation plan is typically developed. This plan includes training requirements, organisational system re-design, time, resources and financial investment. A variety of roll-out options, such as pilot teams, phased-in conversion and total immersion may have to be considered. Awareness training needs providing throughout the organisation, to set common expectations and orient employees to the details of the implementation plan. The importance of training is emphasised in a variety of literature discussing the implementation of self managed teams. In particular, a

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[665] JR Katzenbach and DK Smith, *The Wisdom of Teams* (Harvard Business School Press, Boston, 1993)
[666] Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)
[667] JL Cotton, *Employee Involvement* (Sage Publishing, Newbury Park, California, 1993)
[668] JR Hackman, *Tripwires in Designing and Leading Workgroups* (1994) The Occupational Psychologist 23 5

US review of several firms that have implemented SMTs identified that training is critical in ensuring their effectiveness.[669] Over half of the survey respondents identified insufficient training as the most significant barrier to the implementation of SMTs. Indeed, the requirement for training is established throughout the thesis as a requirement for effective worker involvement in safety and health.[670]

A major challenge identified with SMTs is how to ensure beneficial effects persist over time. A review offers five processes critical for sustaining long-term improvements.[671] This includes; 1) building-in SMTs ability to learn and adapt over time, as opposed to a short-term focus on getting SMTs started, 2) ensuring long-term commitment of relevant parties to support SMTs, 3) redesigning reward practices to be congruent with teamwork (e.g. team reward and gainsharing), 4) spreading the new practices elsewhere in the organisation, and 5) the ability to review and redesign the SMT as required overtime. These factors emphasise the importance of management commitment and the need for SMTs to exhibit flexibility to cater for organisational change.

## 8.6 Conclusions

A range of mechanisms exist for implementing the various levels of worker involvement in safety and health, as defined in Chapter 2. The primary mechanisms include information management systems, safety representatives and health and safety committees, worker participation in the development, implementation and maintenance of a health and safety management system, works councils and the introduction of self managed teams. The Chapter adopts a practical emphasis, in comparison to the evaluation of theoretical and legal concepts presented in previous Chapters. This practical approach incorporates an analysis of how these mechanisms can be

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[669] P Goodman et al, *Groups and Productivity: Analysing the Effectiveness of Self-Managing Teams* (in Productivity and Organisations: New Perspectives from Industrial and Organisation Psychology, Jossey Bass, San Francisco, 1988) 311

[670] Chapter 3 presents an analysis of the determinants for effective worker involvement in safety and health, including the importance of training

[671] P Goodman et al, *Groups and Productivity: Analysing the Effectiveness of Self-Managing Teams* (in Productivity and Organisations: New Perspectives from Industrial and Organisation Psychology, Jossey Bass, San Francisco, 1988) 312

implemented and the factors required to ensure their continued success. The worker involvement practices identified are closely linked to the following Chapter, which outlines a systematic approach to managing worker involvement in safety and health.

The analysis of worker involvement mechanisms identifies numerous factors which are critical to their successful implementation. In particular, it is shown that senior management commitment and the provision of training for those involved in worker involvement practices, are significant considerations. These findings corroborate the requirements for effective worker involvement in safety and health, presented in Chapter 3. However, it is recognised that the management of worker involvement should form part of a more holistic and strategic approach. This concept is explored in the following Chapter, which presents a systematic approach for the management of worker involvement in safety and health. It is this approach which should ensure that the worker involvement practices identified in this Chapter are managed in a coherent and logical manner.

# 9 A SYSTEMS APPROACH TO MANAGING WORKER INVOLVEMENT IN SAFETY AND HEALTH

A range of benefits associated with the implementation of worker involvement in safety and health practices are identified in the research. In particular, it is argued that the stronger forms of involvement, namely participation, co-determination and self management, are likely to yield positive returns. However, Chapter 4 of the thesis determines that health and safety law in the UK, relating to worker involvement in safety and health, establishes requirements for weaker forms of worker involvement. Current legislation focuses on arrangements for the provision of information and consultation. Furthermore, Chapter 5 identifies that legal requirements for worker involvement in safety and health, do not address some of the significant changes that have occurred in recent years to the world of work. In this Chapter, it is shown that existing legislation and guidance in the UK, does not promote a systematic approach to the management of worker involvement in safety and health. A procedural model for managing worker involvement in safety and health is presented. This management model is designed for integration with an organisation's existing health and safety management system, with the intention of promoting improvements in organisational health and safety performance.

The main elements of an internationally recognised health and safety management system are used as a benchmark for establishing the procedural model for managing worker involvement in safety and health. Discussion is presented on how the management of worker involvement in safety and health can be aligned to each of the elements of this management system. The Chapter represents a significant contribution to knowledge in the field of health and safety law, as existing published literature and research has focused on the benefits and limitations associated with worker involvement in safety and health and how to involve workers in decision making. However, it has not been determined specifically how to establish a framework for managing worker involvement in safety and health. The Chapter provides a clear strategy for organisations looking to adopt a logical and coherent approach to the management of worker involvement in

safety and health. The worker involvement model is presented as guidance, with Chapter 10 detailing how the requirements of the model could be translated into statutory requirements.

The theoretical reasons for involving the workforce in the management of health and safety have been established in previous Chapters.[672] Once an organisation accepts the value of worker involvement in safety and health, the question to consider is how worker involvement practices can be managed effectively in order to reap the associated rewards? Worker involvement has the potential to support a positive safety culture and contribute to wider improvements in organisational health and safety performance. However, the Chapter argues that it is difficult to realise this potential, if there is not a consistent and organised approach to managing worker involvement in safety and health. The systematic approach projected in the Chapter should ensure that a strategic and sustainable approach is adopted for managing worker involvement. As previously noted, the Chapter identifies the elements of an established health and safety management system and then discusses how these requirements can be aligned to the management of worker involvement in safety and health. This involves a focus on policy, planning, implementation and operation, checking and management review. Prior to considering these elements, background information is provided on management systems and the reasons for their popularity in organisational management. This clarifies why management system specifications provide an ideal template for the management of worker involvement in safety and health.

## 9.1 An Introduction to Management Systems

In relation to broader organisational management, management system standards have become an increasingly common way to enable organisations to improve their performance through a process of continual improvement.[673] A management system is a

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[672] See Chapter 3 of the research for an evaluation of the benefits associated with worker involvement in safety and health

[673] T Jorgensen and G Simonsen, *Prospects of a Unified Management System* (2002) Corporate Social Responsibility and Environmental Management 9 (2) 94

framework of processes and procedures used to ensure that an organisation fulfils required tasks in order to meet objectives.[674] Systems have inputs, processes, outputs and outcomes, with ongoing feedback among these various parts.[675] If one part of the system in removed, the nature of the system is changed. For organisational disciplines to be managed effectively they need to be addressed in a systematic fashion.[676] This should incorporate a step-by-step, logical and organised approach that ensures that all aspects of the discipline are considered. This assertion not only applies to broad organisational disciplines such as health and safety, environmental protection or product quality, but to more specific requirements, such disaster management and emergency planning. The effect of the management system is that it helps managers to look at organisational disciplines from a holistic perspective.[677] Without a system in place, there may be the temptation for managers to take one area of the discipline (e.g. fire safety) and focus on that, before moving their attention on to another issue. The management system therefore helps to ensure that all relevant issues are given equal consideration.[678]

In the research, there are numerous references to health and safety management systems. Most health and safety management systems follow a similar pattern, centred on the 'Plan, Do, Check, Act' cycle.[679] The most commonly cited health and safety management system in the research is Health and Safety Executive (HSE) Guidance Note 65.[680] HSG 65, as it is more commonly known, represents a practical guide for directors, managers, health and safety professionals and employee representatives, looking to develop and implement a health and safety management system in their organisation. The guidance describes the principles and management practices, which provide the basis of effective health and safety management and sets out the issues to be addressed, relating to different

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[674] International Organization for Standardization, *Guideline for the Justification and Development of Management System Standards* (International Standard ISO Guide 72, Geneva, Switzerland, 2001)
[675] G Wilkinson and BG Dale, *Integrated Management Systems: An Examination of the Concept and Theory* (1999) The TQM Magazine 11 (2) 101
[676] GA Cole, *Organisations as Systems* (Management Theory and Practice, 5th Edition, Letts Educational, London, 1996)
[677] EC Martins and F Terblanche, *Building Organisational Culture that Stimulates Creativity and Innovation* (2003) European Journal of Innovation Management 6 (1) 69
[678] MC Jackson, *Systems Thinking: Creative Holism for Managers* (John Wiley and Sons Limited, 2003)
[679] International Organization for Standardization, *Guideline for the Justification and Development of Management System Standards* (International Standard ISO Guide 72, Geneva, Switzerland, 2001)
[680] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)

types of industries and working practices. HSG 65 discusses the key elements of successful health and safety management under five headings, namely; policy, organising, planning and implementation, measuring performance, audit and review.

Aside from HSG 65, one of the most prominent and internationally recognised management systems in the field of occupational health and safety is British Standard Occupational Health and Safety Assessment Series 18001:2007.[681] For ease of reference, the standard is referred to as OHSAS 18001 throughout the remainder of the Chapter. OHSAS 18001 was developed by a selection of leading trade associations, international standards and certification bodies to address a gap where no third party certifiable international standard exists.[682] In comparison to HSG 65, OHSAS 18001 is a highly formalised management system, requiring the creation of various procedures. In addition, as noted, accreditation of the management system can be achieved through a process of certification by external auditors.[683] OHSAS 18001 includes similar elements to HSG 65, with six main headings, namely; policy, planning, implementation and operation, checking and corrective action and management review. This structured approach to managing health and safety makes HSG 65 and OHSAS 18001 ideal templates upon which to base the management of worker involvement in safety and health.

From a legal perspective, health and safety management systems are not designed as legal requirements. The implementation of management systems have been cited as a movement away from prescriptive regulations, which specify criteria which must be adhered to.[684] Health and safety management systems are more closely linked to goal-

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[681] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) It should be noted that OHSAS 18001 is part of the OHSAS 18000 series which comprises of a various other resources, in particular relating to the implementation and auditing of this specification.

[682] British Standards Institution, <http://www.bsigroup.com> accessed 27 March 2011

[683] A number of organisations are accredited to certify health and safety management systems. Examples include Lloyd's Register Quality Assurance, see <http://www.lrqa.co.uk/> accessed 27 March 2011 Det Norske Veritas see Det Norske Veritas, <http://www.dnv.co.uk/> accessed 27 March 2011 and the British Standards Institution, <http://www.bsigroup.com/> accessed 27 March 2011

[684] R Andrews, *Environmental Regulation and Business 'Self-Regulation'* (1998) Policy Sciences 31 (3) 188

setting requirements, which permit an organisation to establish its own system for meeting health and safety objectives.[685] This typically involves organisations developing their own policies and procedures to manage risks, including procedures for reporting and addressing shortcomings. In this context, the regulator changes emphasis from verifying adherence, to examining organisational systems and their effectiveness. Health and safety law in the UK however, does make reference to establishing health and safety arrangements, requirements which correlate closely to the key elements of a health and safety management system.[686] In particular, Regulation 5 of the Management of Health and Safety at Work Regulations 1999, states:

> '...Every employer shall make and give effect to such arrangements as are appropriate, having regard to the nature of his activities and the size of his undertaking, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.'

The provisions contained in the Management of Health and Safety at Work Regulations 1999, suggests that health and safety arrangements should be in place aligned to the 'Plan, Do, Check, Act' cycle identified previously.[687] This can be achieved in practice through the development, implementation and maintenance of a health and safety management system.

Despite these references in health and safety law to establish management systems for health and safety, no specific requirements for managing worker involvement in safety and health systematically could be sourced in either existing legislation or guidance. There is however, evidence of organisations that are attempting to promote a systematic approach to worker engagement, in relation to wider organisational decision making. The Involvement and Participation Association (IPA) claims that they are the only UK organisation that assists both unionised and non-unionised organisations in developing

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[685] J Ridley, *Safety at Work* (Butterworth Heinemann, 2003) 71
[686] The Management of Health and Safety at Work Regulations 1999
[687] International Organization for Standardization, *Guideline for the Justification and Development of Management System Standards* (International Standard ISO Guide 72, Geneva, Switzerland, 2001)

effective information and consultation processes and workforce partnerships. [688] Central to their work is the IPA Workforce Engagement Programme.[689] This tailored programme of support over one or two years, incorporates a 'diagnostic' stage at which interviews are carried out with employees and focus groups established. Observation and collection of company data is undertaken, including benchmarking with other organisations. This is followed by an 'implementation' phase, during which worker engagement road maps are created, supported by telephone and on-line support, as required. Clients are permitted to participate in the IPA 'employee engagement network', with the opportunity to share experiences with peers, both on-line and in person. The final stage, referred to as 'keeping it going', includes attitude surveys of employees to measure progress, including regular reviews and ongoing support. The strategy for managing worker engagement, as advocated by the IPA, draws some comparisons with the systems approach for managing organisational disciplines, in promoting a step-by-step logic, incorporating requirements for planning, implementation and review.

In relation to the discipline of occupational health and safety, the systems approach has become a proven way to ensure legal compliance and engender a proactive strategy for the management of risks.[690] Health and safety management systems have developed as an increasing business requirement, as clients continue to seek assurance that the organisations they use are managing health and safety requirements.[691] With regards to applying a systematic approach to the management of worker involvement, an assumption has been made that the systematic approach for managing health and safety, that has proved so successful in generating wider improvements in organisational health and safety performance, can be tailored to the management of worker involvement practices. This argument is founded upon evidence that shows unless organisational requirements are managed in a systematic fashion, the resultant effect is likely to be an uncoordinated and haphazard approach, that fails to address key obligations and adds

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[688] Involvement and Participation Association (IPA), <www.ipa-involve.com> accessed 27 March 2011

[689] Involvement and Participation Association (IPA), 'Employee Engagement' <www.ipa-involve.com/employee-engagement> accessed 27 March 2011

[690] D Smith, *OHSAS 18001 Provides MS Approach for Occupational Health and Safety* (ISO Management Systems, 2008) 33

[691] WH Tsai and WH Chou, *Selecting Management Systems for Sustainable Development in SMEs: A Novel Hybrid Model Based on DEMATEL, ANP and ZOGP* (2009) Expert Systems with Applications 36 (2) 1450

limited value to the organisation.[692] It could therefore be suggested, that the limited success of some worker involvement in safety and health practices, is predominantly down to a tendency for worker involvement to be addressed narrowly and segmentally, with practices concentrated at the lowest level of the organisation. The review of legislation and guidance conducted during the research project indicates that historically, there has not been a tendency to adopt a systematic strategy for the management worker involvement in safety and health. However, the systematic approach has been advocated as a suitable strategy for managing specific health and safety requirements. For example, HSE guidance has been published illustrating how competency can be managed systematically.[693] Furthermore, research from the HSE has identified many examples of guidance that applies the systematic approach contained in HSG 65, to the management of industry specific risks.[694] It is in consideration of the potential benefits of a systematic approach that the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System has been created.

## 9.2 The Worker Involvement in Safety and Health (WISH$^{TM}$) Management System

The central theme of the Chapter is that for worker involvement in safety and health to be managed effectively it needs managing systematically, with these arrangements integrated with an organisation's existing health and safety management system. Previous guidance in this area has tended to focus on how worker involvement practices can be embedded within an existing health and safety management system,[695] but not how the management of worker involvement can be integrated with this system. There is a philosophical and practical difference between embedding arrangements and integrating them. To provide a practical example, Chapter 8 suggests that workers should be

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[692] K Frick et al, *Systematic Occupational Health and Safety Management: Perspectives on an International Development* (Pergamon Press, Oxford, 2000)
[693] Health and Safety Executive, *Developing and Maintaining Staff Competence* (HSE Books, HSG 197, 2002)
[694] Health and Safety Executive, *A Review of Consistency of Reference to Risk Management Frameworks in HSE Guidance* (HSE Books, HSL/2007/13, 2007)
[695] Chapter 3 of the research evaluates a range of guidance on how workers can participate in health and safety management

involved in developing a safety policy and undertaking risk assessments, which is in essence embedding worker involvement. The concept of integration however, infers that separate arrangements exist for managing a particular discipline, which can be brought together into one complete system.[696] When applied to worker involvement, this requires a policy to be developed on worker involvement and assessments undertaken to determine how best to manage worker involvement practices. These policies and procedures can then be integrating with the existing health and safety management system. This approach clearly differs from the participative measures taken when embedding worker involvement. This Chapter details how an effective management framework can be created to support worker involvement practices, as opposed to considering how workers can be involved in health and safety decision making.

The Worker Involvement in Safety and Health (WISH$^{TM}$) Management System (see Figure 9.1) provides organisations with a framework for integrating the management of worker involvement in safety and health with an existing health and safety management system. The management system specification OHSAS 18001 has been used as a template for creating this model. OHSAS 18001 has six main elements, which make up a cycle of continual improvement. It is shown in the following sections that the management of worker involvement in safety and health can be aligned to each of these elements. OHSAS 18001 has been selected as a framework for the management of worker involvement in safety and health, as it is an internationally recognised system, in comparison to HSG 65, which was developed by the HSE and is more commonly recognised in the UK. The intention therefore, is that the model can be implemented by organisations operating in the UK and on a global basis. OHSAS 18001 has a greater degree of formalisation compared to HSG 65, characterised by requirements for various procedures to be developed, to exercise levels of control. Resultantly, the WISH$^{TM}$ Management System establishes similar obligations to create procedures, in order to control worker involvement activities.

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[696] See J Jonker and S Karapetrovic, *Systems Thinking for the Integration of Management Systems* (2004) Business Process Management Journal 10 (6) 610 and S Karapetrovic, *Musings on Integrated Management Systems* (2003) Measuring Business Excellence 7 (1) 4 for a summary of important issues regarding integrated management systems

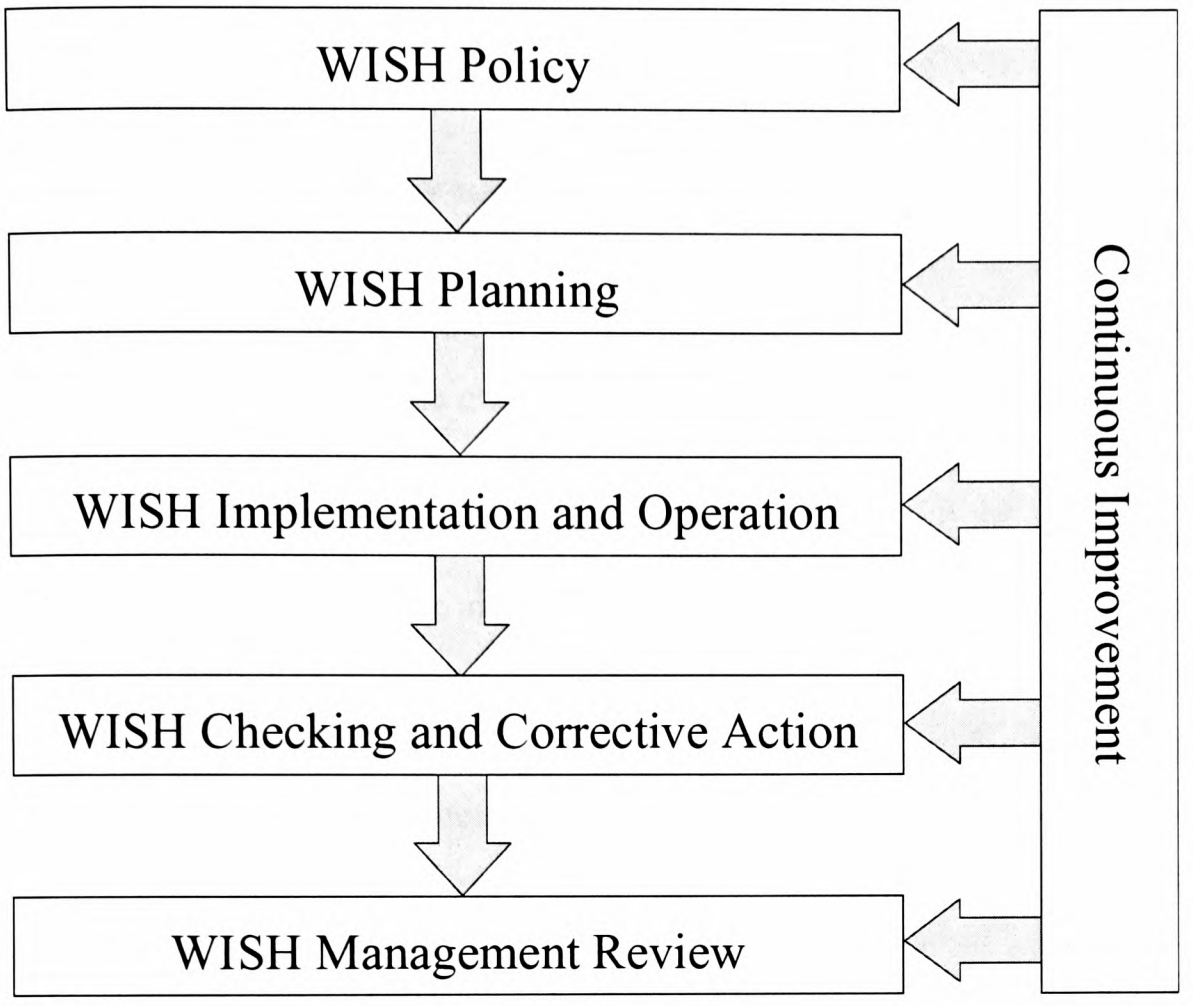


*Fig 9.1 The Worker Involvement in Safety and Health (WISH$^{TM}$) Management System*

The principles contained in the WISH$^{TM}$ Management System represent a model of best practice, even for organisations that do not possess a management system accredited to OHSAS 18001. However, it is recognised that implementation of the model is more suitable for those organisations that already have a formalised health and safety management system in place. It is also argued in the thesis, that a relatively mature health and safety culture is needed to support the development of an organisational culture founded on worker involvement.[697] Furthermore, it is discussed, that the introduction of a systematic approach to managing worker involvement in safety and health is likely to be more successful in the major hazard industries.[698] These industries tend to have developed arrangements for managing health and safety, supported by the

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[697] See Chapter 7 for a review of the importance of organisational culture in promoting worker involvement in safety and health

[698] Chapter 1 of the research establishes that a systems approach for the management of worker involvement in safety and health is more suitable for implementation in the major hazard industries

competency levels needed for workers to contribute effectively to decision making processes.

Critics to this research may ultimately pose the question as to why there is the need to implement a distinct management framework for worker involvement in safety and health? However, the argument is established in the thesis that the existing regulatory framework does not provide enough support for the management of worker involvement in safety and health.[699] Research has shown that the introduction of single isolated worker involvement practices rarely tend to be effective,[700] hence providing further justification for a systematic approach. The Chapter illustrates that a bundle of measures are needed, carefully managed with the intention of giving employees greater influence over health and safety issues at work. Furthermore, the decision to involve workers needs a long-term commitment. Leadership, management support and sustained action help maintain the trust of the workforce and make involving workers part of the culture of the organisation.[701]

### *9.2.1 WISH$^{TM}$ Policy*

The starting point of the WISH$^{TM}$ Management System is the WISH$^{TM}$ policy. OHSAS 18001 and other management system specifications, including ISO 9001 and ISO 14001 begin with a requirement for the formation of a policy.[702] In relation to health and safety, the policy is an organisational commitment to legal compliance and risk management, establishing a foundation for the health and safety management system.[703] Under health and safety law, all employers with five or more employees must prepare a health and safety policy.[704] Many organisations make references to worker involvement in their

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[699] Chapter 4 provides a discussion on existing UK legislation relating to worker involvement in safety and health

[700] C Ichniowski et al, *What Works at Work* (1996) Industrial Relations 35 (3) 304

[701] See Chapter 7 for an analysis of the importance in developing an organisational culture to support worker involvement in safety and health

[702] J Matias and DA Coelho, *The Integration of the Standards of Quality Management, Environmental Management and Occupational Health and Safety Management* (2002) International Journal of Production Research 40 (15) 3860

[703] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)

[704] Health and Safety at Work etc. Act 1974

health and safety policy statements.[705] However to establish an effective foundation for worker involvement in safety and health, more than an extension to the organisation's health and safety policy is required. The organisational commitment to worker involvement in safety and health should be enshrined in an independent policy. OHSAS 18001 recognises that top management should define the organisation's health and safety policy.[706] In a similar fashion, top management need to make a formal and documented commitment to the involvement of workers in health and safety decision making. This commitment can be evidenced through the creation of a WISH$^{TM}$ policy, or a declaration of management support to worker involvement practices.

In addition to the responsibility of senior management to formalise a commitment to health and safety, OHSAS 18001 specifies a number of criteria, in terms of the scope of a health and safety policy.[707] All of these specific requirements are relevant to the establishment of a policy or declaration on worker involvement in safety and health. Firstly, it is important that the policy is appropriate to the nature of the business, workplace and workforce. This ensures that worker involvement practices are suitable for the organisation. The policy should include assurance from senior management to involving the workforce in health and safety decision making. Reference should be made to the need to continually develop the levels of worker involvement in safety and health, emphasising the role played by workers in improving health and safety performance. In addition, a commitment should be established in the policy to comply with relevant legal requirements, relating to worker involvement in safety and health. The policy provides a framework for setting and reviewing objectives for worker involvement and it is important that it is documented, implemented and maintained.

Once the policy has been developed, it should be communicated to persons working under the control of the organisation. This helps ensure that everyone understands the need for worker involvement and raises awareness of individual worker involvement

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[705] See Health and Safety Executive, *An Introduction to Health and Safety* (HSE Books, IND 259 rev 1, 2003) 20, for an example of a safety policy

[706] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 5

[707] Ibid 5

obligations. There may be a need to provide the policy to interested parties, including third parties, such as contractors and visitors. Another requirement of the policy is that it is reviewed periodically to ensure it remains relevant and appropriate to the organisation. Through the formation of a specific policy on worker involvement in safety and health, the organisation is sending out a message to all stakeholders that worker involvement is an integral component of health and safety management. This is the first stage of establishing a structured and systematic approach for managing worker involvement in safety and health.

### *9.2.2 WISH$^{TM}$ Planning*

Once the WISH$^{TM}$ policy has been created the next element of the WISH$^{TM}$ Management System is planning. Planning is an essential component of all management systems, and in relation to OHSAS 18001, includes three subsections. Section 4.3.1 details the requirement to establish, implement and maintain a procedure(s) for the ongoing hazard identification, risk assessment and determination of necessary controls. Section 4.3.2 states the need to establish, implement and maintain a procedure(s) for identifying and accessing applicable legal and other health and safety requirements. Finally, section 4.4.3 requires the organisation to establish, implement and maintain documented health and safety objectives, at relevant functions and levels of the organisation, along with the obligation to establish, implement and maintain programme(s) for achieving these objectives.[708] All of these planning requirements can be applied to the management of worker involvement in safety and health, and are now discussed in turn.

#### *(A) Hazard Identification, Risk Assessment and Determining Controls*

In industry, section 4.3.1 of OHSAS 18001 is typically achieved in practice through the implementation of a risk assessment programme.[709] Risk assessment is a ubiquitous feature of health and safety legislation and lies at the heart of the pro-active approach to

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[708] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 6

[709] Health and Safety Executive, *Five Steps to Risk Assessment* (HSE Books, HSG 163, Rev 2, 2006)

safety management.[710] Fundamentally, risk assessments are carried out to protect workers from hazards and associated risks. As discussed in Chapter 8, it is the workers who are exposed to hazards and risks, and should therefore be involved in the risk assessment process. Although risk assessment is not typically a term associated with worker involvement, the WISH$^{TM}$ Management System requires that an assessment of worker involvement is undertaken. This ensures that the mechanisms ultimately implemented to develop levels of worker involvement are suitable for the organisation.

When undertaking an assessment of worker involvement in safety and health, consideration should be given to three important variables, namely; the organisation, the workplace and the workforce.[711] In terms of the organisation, it is important to consider the structure of the business and management style. For example, flatter management structures and open management philosophies may engender different strategies for worker involvement, in comparison to hierarchical structures and closed management styles. Importantly, the pre-existing organisational culture needs to be determined before embarking on worker involvement interventions. Chapter 7 identifies that the organisational culture is a strong determinant influencing the effectiveness of worker involvement in safety and health. A range of organisational issues need to be considered at the planning stage, including trade union recognition and employment relations. These factors influence the type of worker involvement practices to be implemented and their potential for success.[712]

The second factor for consideration is the nature of the workplace and associated activities. The size of the workplace is an important factor. In workplaces of large geographical size, workers are often highly distributed, which can present challenges for worker involvement in safety and health. The location of sites needs to be addressed, as it may be due to the influences of globalization, that sites are located in different parts of

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[710] Health and Safety Executive, *An Evaluation of the Five Steps to Risk Assessment* (HSE Books, Research Report 476, 2006) 21

[711] Health and Safety Executive, *Involving Your Workforce in Health and Safety* (HSE Books, HSG 263, 2009) 18

[712] See Chapter 3 of the research for an evaluation of the factors necessary to support worker involvement in safety and health

the world. Chapter 6 shows that different strategies for worker involvement may work better in different parts of the world, due to local and cultural variations. Again, if these issues are not identified at the planning stage, it is probable that obstacles are encountered when looking to implement worker involvement in practice. The type of work undertaken and the degree of inherent dangers also need to be evaluated. Some worker involvement strategies may be more appropriate for higher risk environments. For example, it has been argued that self managed teams can be implemented more effectively in the major hazard industries, due to the higher levels of worker competency that are generally evident.[713]

The final area for consideration is the nature of the workforce. The number of employees is noted in the research as a key determinant to the success of worker involvement in safety and health.[714] The diversity of the workforce is another issue, as discussed in Chapter 5, where migrant labourers may need additional provisions to be in place to support worker involvement, particularly in catering for different languages. Chapter 5 identifies numerous changes in the world of work that need to be addressed at the planning stage, including non-standard patterns of employment, such as contract and agency workers, along with working patterns, shift systems and part-time working. Furthermore, off-site, remote and mobile workers may need to be considered at this stage. Worker involvement in safety and health needs to be tailored to prevailing employment conditions. This should be broached at the planning stage, to facilitate the effective implementation of worker involvement practices.

The assessment of worker involvement in safety and health needs to consider how to involve the workforce, what should the workforce be consulted on and when involvement practices should take place. These various factors affect whether individuals or safety representatives are involved, the methods used, the organisation of inspections and investigations and co-ordination between health and safety committees. For example, a

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[713] Chapter 8 considers the implementation of worker involvement mechanisms and factors to be considered to promote their success

[714] P Shearn, *Worker Participation in Occupational Health and Safety Management in Non-Unionised Workplaces* (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/41, 2005)

high risk, unionised workplace, with a large workforce spread over multiple sites, may have union safety representatives from each site as members of a site-based health and safety committee. This committee may meet regularly and feed into a corporate health and safety committee.[715] However, a non-unionised, smaller workplace, located on a small, low risk site, is more likely to consult directly with workers on a daily basis.[716]

The results of the worker involvement assessment should be considered when determining the strategy for worker involvement in safety and health. The organisation should document and keep the results of the assessment and ensure that the worker involvement strategy is kept up to date, in line with the results of the assessment. The planning process is of fundamental importance to the management of worker involvement in safety and health. The Chapter indicates that existing legislation and guidance does not establish an effective framework for managing worker involvement in safety and health. One of the main deficiencies is centred on planning. Ironically, despite the majority of modern health and safety legislation being risk based, there are currently no requirements to plan for worker involvement in safety and health. Resultantly, worker involvement practices tend to be managed in an ad-hoc and unsystematic fashion. Conducting an assessment of worker involvement in safety and health enables the organisation to create and document a strategy for worker involvement. This identifies what workers should be involved in and how involvement can be achieved.

*(B) Legal and Other Requirements*

At the planning stage, it is important that relevant legal and other requirements relating to worker involvement in safety and health are identified. OHSAS 18001 requires the identification of legal and other requirements applicable to occupational health and safety:

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[715] Health and Safety Executive, *Involving Your Workforce in Health and Safety* (HSE Books, HSG 263, 2009)
[716] Ibid 19

> 'The organisation shall establish, implement and maintain a procedure(s) for identifying and accessing legal and other OH&S requirements that are applicable to it.' [717]

Wherever an organisation is operating in the world, it is essential that legal and other requirements are recognised, to ensure that the organisation is compliant with statutory provisions and other related requirements.

The thesis shows that health and safety law provides specific requirements for worker involvement in safety and health.[718] In relation to consultation, legislation states that dialogue with the workforce should address changes in the workplace that could substantially affect health and safety.[719] Such changes may include new or different procedures, types of work, equipment, premises and shift patterns. Consultation should take place on the arrangements for sourcing competent people to assist the employer in meeting health and safety requirements, for example the appointment of a safety manager. Further legal requirements for workforce consultation include the planning of health and safety training, the health and safety consequences of new technology and the content and presentation of health and safety information.

In industry, a common way to identify and track compliance with legislation is to produce a legal register. In the field of health and safety management, the vast myriad of legislation often results in the production of lengthy legal registers.[720] It is not recommended that a separate legal register is created for worker involvement provisions; however it is suggested that all legal and other requirements relating to worker involvement in safety and health are clearly identified. This may involve creating a sub-

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[717] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London. 2007) 7

[718] The detailed requirements of the Health and Safety at Work etc, Act 1974 and associated legislation are considered in Chapter 4

[719] See requirements contained in the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996

[720] Various commercial organisations offer services to develop legal registers for organisations and ensure they are kept up to date. See Greenspace, 'Legal Register' <http://www.legalregister.co.uk/legal_register> accessed 27 March 2011 as a relevant example

section in the existing legal register, to detail worker involvement obligations. Whereas legal requirements relate to statutory provisions, other requirements may include codes of practice, corporate requirements or any other provisions, to which the organisation has committed to, or voluntarily subscribes. When applied to worker involvement in safety and health, this could include management system requirements (e.g. ISO 14001), or best practice detailed in HSE guidance notes.[721] It is important that the register of legal and other requirements, which includes provisions related to worker involvement in safety and health, is kept up to date and communicated to relevant parties.

*(C) Objectives and Programmes*

The final aspect of planning for worker involvement in safety and health is the creation of objectives and programme(s). The intention of implementing worker involvement in safety and health practices is to realise the potential benefits identified in Chapter 3 of the research project. However, it is important to determine realistic objectives and targets for improvement and programmes for achieving these targets, before implementing worker involvement practices. OHSAS 18001 refers to a requirement for the organisation to 'establish, implement and maintain documented OH&S objectives, at relevant function and levels within the organisation.' Furthermore, these objectives:

> '...shall be measurable, where practicable, and consistent with the OH&S policy, including the commitments to OH&S, to compliance with applicable legal requirements and with other requirements to which the organisation subscribes, and to continual improvement.'[722]

Management should determine objectives for worker involvement in safety and health, in line with potential improvements in health and safety performance to be realised from the introduction of worker involvement practices. Objectives can relate to the introduction of worker involvement initiatives, or the number of days training provided on worker

[721] Chapter 4 of the thesis identifies a range of guidance notes on worker involvement in safety and health
[722] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 7

involvement practices. Whatever the proposed objective, it is important that it is measurable, to allow performance to be assessed quantitatively. To assist in the implementation of health and safety objectives, OHSAS 18001 makes reference to the development of programme(s).[723] In relation to the management of worker involvement in safety and health, it is difficult to ensure that an objective is met without creating a programme with designated responsibilities and resources. For example, if an objective is set to provide half of the workforce with training on how to perform risk assessment, it is necessary to assign roles and responsibilities and allocate a suitable level of resources, to ensure the objective is achieved. The programme should also establish an appropriate timeframe for completion of the objective.

### *9.2.3 WISH$^{TM}$ Implementation and Operation*

The third element of the WISH$^{TM}$ Management System is implementation and operation. This requires the organisation to put into practice the worker involvement mechanisms identified during the planning stage. OHSAS 18001 includes a number of sub-sections that relate to these requirements.[724] Section 4.4.1 deals with resources, roles, responsibility, accountability and authority. Section 4.4.2 establishes requirements for competence, training and awareness, with 4.4.3 covering communication, participation and consultation. Sections 4.4.4 and 4.4.5 address documentation and control of documents, respectively. The final two sections cover operational control in 4.4.6, and emergency preparedness and response in 4.4.7. Evaluation of these requirements is now presented, in consideration of how they apply to the management of worker involvement in safety and health.

#### *(A) Resources, Roles, Responsibility, Accountability and Authority*

To implement worker involvement in safety and health effectively, resources should be provided, roles and responsibilities defined and levels of accountability and authority

[723] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 7
[724] Ibid 8

established. Chapter 3 of the thesis raises the issue of resources as a potential barrier to worker involvement in safety and health. The time taken out to attend safety committee meetings, and the cost of providing training to enable workers to participate in health and safety, have been cited as relevant examples. It is therefore important, that sufficient resources are allocated for the management of worker involvement in safety and health. It should be noted that OHSAS 18001 refers to resources in a broad context, including 'human resources and specialised skills, organisational infrastructure, technology and financial resources.'[725] In terms of worker involvement practices, all these resources are necessary to develop, implement and continually improve the WISH$^{TM}$ Management System.

OHSAS 18001 makes reference to the role of senior management, in relation to the management of occupational health and safety, by stating that 'top management shall take ultimate responsibility for OH&S and the OH&S management system.'[726] Leadership and commitment from management, notably senior management, is also essential for successful worker involvement in safety and health.[727] In most cases, worker involvement in safety and health does not occur spontaneously; it has to be stimulated by managers convinced of the potential benefits, both in the economic aspects and in improving the management of the organisation.[728]

Although the WISH$^{TM}$ policy sets the direction for worker involvement, organisations need to create a robust framework for management activity and detail the responsibilities and relationships which deliver worker involvement in practice. To support effective worker involvement in safety and health, it is often necessary for organisational structures and responsibilities to change. To provide a relevant example, Chapter 8 identifies the need to adjust organisational structures when implementing self managed

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[725] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 8

[726] Ibid 8

[727] See Chapter 3 for discussion on the factors promoting effective worker involvement in safety and health, including the need for management commitment

[728] D Podgorski, *Workers' Involvement – A Missing Component in the Implementation of Occupational Safety and Health Management Systems in Enterprises* (2005) International Journal of Occupational Safety and Ergonomics 11 (3) 219

teams. It is important to examine people's roles and the way the workforce is organised, and make changes to enable staff to get more involved. Clear reporting lines also need to be established to underpin any worker involvement scheme. Ensuring that roles and responsibilities are understood and that staff have the skills and support necessary to be engaged is one of the critical stages in improving worker involvement in safety and health.[729]

*(B) Competence, Training and Awareness*

Implementing worker involvement in safety and health requires competency, training and awareness.[730] OHSAS 18001 specifies that organising requires those individuals contributing to the establishment, implementation and maintenance of the health and safety management system to be competent 'on the basis of education, training or experience.'[731] In addition, these individuals should possess an ability to communicate effectively and recognise their own limitations.[732] One of the significant barriers to worker involvement in safety and health identified in Chapter 3 is that of competency. Competency should be addressed as an important consideration when developing an effective system for managing worker involvement practices. If workers do not possess the rights level of knowledge, ability, training and experience, it is unlikely that they will be capable of contributing anything worthwhile to improving the management of health and safety. Workers therefore need training on health and safety issues at work, to allow them to make informed judgments and interventions.

Workers involved in health and safety decision making need to understand the nature and scope of health and safety and exhibit competency levels specifically in relation to worker involvement in safety and health. In order to identify the training needs for developing worker involvement competencies, the organisation needs to undertake a

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[729] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005) 39

[730] Chapter 3 of the research considers the importance of competency in relation to worker involvement in safety and health

[731] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 9

[732] The Hazard Forum, *Safety-Related Systems: Guidance for Engineers* (Issue 2, 2002)

training needs analysis.[733] The training needs analysis will identify those individuals with specific roles and responsibilities, with regards to the worker involvement and the training they require in order to become competent. The training needs analysis should pay close attention to legal and other requirements, which may prescribe competency requirements in relation to worker involvement. A relevant example is the code of practice approved under the Safety Representatives and Safety Committees Regulations 1977, which states that an appointed safety representative is entitled to attend approved basic training, in order to perform associated functions.[734]

The introduction of worker involvement mechanisms should be accompanied by training. As noted previously, training helps to develop the levels of understanding necessary for workers to contribute to health and safety decision making. For example, initiating attempts for workers to participate in risk assessment may encounter problems if these individuals have not received training. Although not every worker needs to be competent in the field of worker involvement, it is expected that everyone in the organisation possesses a level of awareness, with respect to its importance. In terms of raising awareness of worker involvement in safety and health, induction training presents an ideal opportunity to provide and discuss relevant worker involvement arrangements. Indeed, management commitment to worker involvement and reference to worker involvement polices and associated procedures, should be covered when employees first join an organisation. This helps in establishing an organisational culture founded upon worker involvement.[735]

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[733] A training needs analysis is a systematic approach for identifying and addressing training needs in an organisation. See S Bartram and B Gibson, *Training Needs Analysis: A Resource for Identifying Training Needs, Selecting Training Strategies and Developing Training Plans* (Gower Publishing Ltd, 2nd Revised Edition, 1997) and R Bee and F Bee, *Learning Needs Analysis and Evaluation* (Chartered Institute of Personnel and Development, 2nd Edition, 2003)

[734] Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

[735] See Chapter 7 for a discussion on developing an organisational culture founded upon worker involvement

### *(C) Communication, Participation and Consultation*

Communication is cited as a potential obstacle to worker involvement in safety and health.[736] Communication helps to build trust between management and operatives and encourage workers to become more involved in health and safety interventions.[737] OHSAS 18001 states that organisations should establish, implement and maintain a procedure for internal and external communication.[738] Although it may not be necessary to develop a separate procedure on communication for worker involvement, it is recommended that a range of techniques are used to communicate worker involvement requirements. Training provides a forum for workers to be provided with documented arrangements relating to worker involvement in safety and health and to discuss their implications. In addition, a range of further mechanisms exist, that can be utilised to provide information on worker involvement in safety and health. For example, memos, posters, leaflets and the company intranet can be effective tools for communicating worker involvement provisions.[739]

OHSAS 18001 addresses participation and consultation in the implementation and operation component of the management system specification.[740] It states that the employer should consult with workers when there are changes which could affect their health and safety and that representation should be afforded on health and safety matters. The standard also provides examples of how workers can participate in the development, implementation and maintenance of the health and safety management system. In the context of the research, requirements for worker consultation and participation are referred to as worker involvement mechanisms. Arrangements for implementing worker involvement mechanisms are addressed in the operational control section of this Chapter.

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[736] Chapter 3 evaluates a range of barriers to worker involvement in safety and health, including communication

[737] Health and Safety Executive, *Establishing Effective Communications and Participation in the Construction Sector* (HSE Books, Contract Research Report 391/2001, 2001) vii

[738] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 9

[739] See Chapter 8 of the research for further analysis of mechanisms for communicating information related to worker involvement in safety and health

[740] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 9

*(D) Documentation*

To ensure that worker involvement in safety and health is managed consistently and in an organised fashion, it is important to document certain information. OHSAS 18001 specifies that a range of documentation relating to the health and safety management system should be documented, including the health and safety policy and associated procedures.[741] In order to establish an effective framework for managing worker involvement in safety and health, it is recommended that a number of arrangements are documented. In particular, it is suggested that the WISH™ policy or declaration is documented. A number of procedures necessary to satisfy the requirements of the WISH™ Management System may also have to be created. For example, as the management system includes a requirement to undertake an assessment of worker involvement, it is realistic to document a procedure to address this requirement. There may also be records, forms, templates etc., which are produced to promote the effective management of worker involvement in safety and health, with retention of this information necessary.[742] The amount of documentation created for the management of worker involvement, should be considerably less than the documentation needed for the management of health and safety. Furthermore, it is recommended that documentation is kept to a minimum, to promote effectiveness and efficiency.

*(E) Control of Documents*

The WISH™ Management System needs to have a process in place for controlling documents. An effective health and safety management system invariably contains requirements for document control. Document control is important as it ensures the uniformity of the health and safety documentation used by the organisation. In relation to document control, OHSAS 18001 states that a procedure should be in place for the approval, distribution, review and update of documents, ensuring that changes and the

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[741] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 10

[742] A subsequent section of the WISH™ Management System details the requirement to retain specific records

current revision status of documents is identified.[743] These principles need to be applied to documentation necessary for the management of worker involvement in safety and health. If there is no system of document control in place, a danger exists in different parts of the organisation creating their own rules and protocols. Document control therefore provides a level of consistency, in terms of the format and content of documentation relating to worker involvement in safety and health.

*(F) Operational Control*

One of the most important stages of the WISH$^{TM}$ Management System is the implementation of worker involvement practices. Detailed discussion is provided in Chapter 8, on the various mechanisms and arrangements that can be used to achieve worker involvement in safety and health in practice. It is likely that improved organisational health and safety performance is brought about through the application of a combination of mechanisms, adapted to meet the particular needs of the organisation. OHSAS 18001 refers to operational controls is the context of risk management measures, appropriate for mitigating the risks associated with operations and activities. In industry, this is typically achieved through the implementation of a range of procedures, for example permit to work, work at height, confined space entry, etc. When applied to worker involvement in safety and health, operational controls relate to worker involvement mechanisms or practices. The worker involvement practices detailed in Chapter 8 are directly related to the spectrum of worker involvement in safety and health, presented in Chapter 2 of the research.

The spectrum of worker involvement in safety and health identifies that different worker involvement practices are associated with different levels of worker involvement. These include information managements systems, safety representatives and health and safety committees, arrangements for worker participation in the development, implementation and maintenance of the health and safety management system, works councils and self

[743] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 10

managed teams. Procedures need to be developed for each worker involvement mechanism to be implemented in the organisation. For example, the introduction of a health and safety committee, or appointment of safety representatives, should be conducted in accordance with clearly defined protocols, including documented roles and responsibilities. A variety of factors also need to be considered when implementing worker involvement in safety and health.[744] These factors should be addressed in the development of associated procedures, to promote the effective implementation of worker involvement practices.

*(G) Emergency Preparedness and Response*

Arrangements should be contained in the WISH$^{TM}$ Management System to cater for potential emergencies. OHSAS 18001 refers to preparedness and response in the context of emergencies, stating that the organisation should create a procedure to identify and respond to emergency situations.[745] Although the term emergency is not commonly associated with worker involvement in safety and health, one particular example of a potential emergency could be strike action generated from poor industrial relations. Due to the potential impact on an organisation from strike action, it is recommended that a level of emergency preparedness and response is in place. This includes addressing the likely consequences of workforce strike on the organisation. Planning for emergency situations requires the organisation to take into account the needs of interested parties. In the case of worker involvement, this may involve liaison with trade unions and other relevant bodies.

Organisations often develop generic response plans to cater for all emergency situations.[746] These response plans tend to be supplemented by contingency plans, which

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[744] Chapter 8 of the thesis identifies a number of success factors to be considering when implementing worker involvement practices

[745] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 11

[746] D Alexander, *Towards the Development of a Standard in Emergency Planning* (2005) Disaster Prevention and Management 14 (2) 162

relate to specific scenarios.[747] It may be that a contingency plan is developed specifically for strike action and other identified emergency scenarios, linked to worker involvement. The plan may form part of arrangements for managing industrial relations, developed in collaboration with human resources professionals. Furthermore, it is recommended that these plans are periodically tested and, where practicable, involve input from relevant interested parties, such as trade unions. It is suggested that response plans are reviewed periodically and revised appropriately, in accordance with significant change and the findings of testing carried out. These provisions ensure that the organisation is able to mitigate the consequences of emergency incidents, generated by a failure to manage worker involvement in safety and health.

### *9.2.4 WISH$^{TM}$ Checking and Corrective Action*

The fourth element of the WISH$^{TM}$ Management System is checking and corrective action. Once worker involvement practices are implemented, it is essential to have measures in place to determine the effectiveness of these practices. OHSAS 18001 includes a number of sub-sections that relate to checking and corrective action.[748] Section 4.5.1 addresses performance measurement and monitoring, with section 4.5.2 covering evaluation of compliance. Incident investigation, nonconformity, corrective action and preventive action are dealt with in section 4.5.3. Control of records and internal audit are covered in sections 4.5.4 and 4.5.6, respectively. As with previous sections, analysis is presented in terms of how these requirements can be aligned to the management of worker involvement in safety and health.

#### *(A) Performance Measurement and Monitoring*

Arrangements should be contained in the WISH$^{TM}$ Management System to monitor and measure the impact of worker involvement practices on organisational health and safety

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[747] M Bloom and K Menefee, *Scenario Planning and Contingency Planning* (1994) Public Productivity and Management Review 17 (3) 228

[748] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 11

performance. OHSAS 18001 states that qualitative and quantitative measures should be in place to measure health and safety performance. A number of qualitative techniques can be used to determine the effectiveness of worker involvement in safety and health. Regular discussions with workers can be carried out to check how supportive management are in promoting worker involvement and that sufficient time and resources are provided to support associated initiatives. It is important to check that employees know their representatives (if appointed) and whether they have been asked their views about health and safety matters. Existing organisational arrangements for supporting worker involvement can also be evaluated, to determine whether changes are needed to provide greater opportunities for worker involvement.

One of the biggest challenges however, associated with evaluating the true benefits of worker involvement in safety and health is the lack of quantifiable data objectively linking worker involvement to improvements in health and safety performance.[749] The problem lies in that many of the associated benefits of worker involvement, discussed in Chapter 3, can be influenced by a multitude of factors, aside from worker involvement practices. For example, a reduction in the number of lost time accidents in an organisation may be connected to variations in the level of reporting, or possibly changes in personnel, with no association to improvements in the level of worker involvement. The lack of a generally accepted or credible way of measuring the value of worker involvement arrangements presents a challenge, as it is difficult to precisely judge the benefits of worker involvement in safety and health. Despite this issue, it is important to attempt to evaluate the impact of worker involvement on health and safety performance. This can be achieved through consideration of a range of key performance indicators (KPIs). KPIs for health and safety include accident and ill health figures, levels of absenteeism and staff turnover, notices served by regulatory bodies and the number of civil claims lodged against an organisation. There may also be KPIs applicable to other business aspects, including environmental performance, productivity and improved customer relations. Analysis of a variety of KPIs enables an objective decision to be

[749] Chapter 3 of the research project addresses the limitations with the quality of evidence pertaining to the impact of worker involvement on health and safety performance

made as to the impact of worker involvement on health and safety performance, along with any associated broader business benefits. If this evidence is favourable, it may provide management with further justification for introducing stronger forms of worker involvement.

When evaluating the impact of worker involvement practices on health and safety performance, a large proportion of the data analysed may be reactive, including accident and ill health figures. However, use should also be made of pro-active measurements. Proactive measures include the number of risk assessments undertaken, or the number of inspections performed. Variations in these measures may be indicative of improvements in the levels of worker involvement in safety and health. The performance measurement process needs to embrace learning points. Where improvements are deemed necessary, this should feed into the process of initiating corrective action. Checking and corrective action helps to determine the effectiveness of worker involvement, evaluate how far the organisation has progressed and identify whether there is room for improvement.

*(B) Evaluation of Compliance*

During the planning stage, it is identified that a legal register can be prepared identifying legal and other requirements for worker involvement in safety and health. OHSAS 18001 expands on this obligation further at the implementation and operation stage, requiring an evaluation of compliance.[750] This exercise should consider whether the organisation is compliant with legal requirements and other provisions to which it subscribes. A similar practice should be applied to legal and other requirements relating to worker involvement in safety and health. This process identifies whether current arrangements are compliant with legal and other requirements for worker involvement in safety and health. It is important that these requirements are identified and that active steps are put in place to ensure compliance.

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[750] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 12

*(C) Incident Investigation, Nonconformity, Corrective and Preventive Action*

The WISH$^{TM}$ Management System should contain measures for investigating incidents and responding to nonconformities, with appropriate corrective and preventive action. The term 'incident' is defined broadly in OHSAS 18001 as 'any work related event(s), in which an injury or ill health (regardless of severity) or fatality occurred, or could have occurred.'[751] This terminology does not fit comfortably in the context of worker involvement in safety and health, as it applies to events that create, or have the potential to generate, a loss. However, as previously discussed in the Chapter, there may be situations when a failure to manage industrial relations could generate strike action, which falls under the definition of an incident. Any incident indicative of a failure to manage worker involvement in safety and health and consequently poor industrial relations, should be subject to the same investigation protocols applied to workplace accidents and ill health. The investigation of incidents linked to worker involvement in safety and health enables underlying deficiencies in the WISH$^{TM}$ Management System to be identified. The investigation also facilitates the identification of corrective and preventive action and opportunities for continual improvement.

Arrangements should be in place for dealing with potential and actual non-conformities relating to worker involvement in safety and health and identifying appropriate corrective and preventive action. Requirements contained in OHSAS 18001 should ensure that deficiencies are rectified in an appropriate timeframe. In the context of the health and safety management system, nonconformity relates to a non-fulfilment of a requirement. This can include any deviation from relevant work standards, practices, procedures, legal requirements and other applicable obligations. When a non conformity is identified, appropriate action should be taken to mitigate its consequences on the management system. A similar methodology should be applied to the management of worker involvement in safety and health. Examples of relevant nonconformities could include the inability of a safety committee to meet on a defined date, or a failure to implement

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[751] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 3

actions from a committee meeting in a specified timeframe. Corrective and preventive action needs to be taken to avoid recurrence of these types of events. The actions should be suitable, in relation to the magnitude of the problem, and reviewed in order to maintain their effectiveness.

*(D) Control of Records*

It is important that the WISH$^{TM}$ Management System includes provisions for the control of records. OHSAS 18001 refers to a record as any 'document stating results achieved or providing evidence of activities performed.'[752] The standard states that organisations should introduce a procedure for the 'identification, storage, protection, retrieval, retention and disposal of records' and that records should remain 'legible, identifiable and traceable.' A variety of records may be generated during the process of managing worker involvement in safety and health. These could include assessments of worker involvement, training records and details of corrective actions introduced to address nonconformities. The control of records is closely linked to the requirements for documentation and document control and helps to demonstrate conformity with worker involvement requirements.

*(E) Internal Audit*

Internal audits should be undertaken of the WISH$^{TM}$ Management System to determine whether arrangements for managing worker involvement are effective and identify where improvements need to be made. OHSAS 18001 states that internal audits of the health and safety management system should be carried out at planned intervals, to determine whether the management system conforms to defined arrangements for health and safety management, including the requirements of the standard.[753] Internal audits of the WISH$^{TM}$ Management System are necessary to determine if the system is properly implemented and maintained and suitable in meeting the requirements contained in the

[752] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 13
[753] Ibid 3

WISH$^{TM}$ policy and associated objectives. The information gathered from these periodic audits should be provided to management, so that the results can be discussed during management reviews, where plans for improving the management of worker involvement in safety and health are formulated.

An audit is a structured and comprehensive analysis of all the elements of a management system.[754] Subsequently, the internal audit should systematically evaluate the policies, procedures and processes in place for managing worker involvement in safety and health. This considers whether worker involvement is being effectively planned, implemented and maintained in the organisation. The internal audit should consider the findings of worker involvement assessments and the results of previous audits. Audit procedures applicable to the management of health and safety can be applied to audits of arrangements for managing worker involvement in safety and health. These audit procedures should address the responsibilities, competencies and requirements for planning and conducting audits, reporting results and retaining associated records. On a final point, the selection of auditors and conduct of audits should ensure objectivity and impartiality of the audit process.

### *9.2.5 WISH$^{TM}$ Management Review*

The final element of the WISH$^{TM}$ Management System is management review. OHSAS 18001 states that reviews conducted by top management should be held at planned intervals, to ensure the continuing suitability, adequacy and effectiveness of the health and safety management system.[755] In relation to worker involvement in safety and health, management review should check whether organisational arrangements are enabling worker involvement practices to generate a positive influence on organisational health and safety performance. Management review should be a structured process and check that management is being supportive and address whether staff are given time and encouragement to get involved in health and safety decision making. Even the most well

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[754] Health and Safety Executive, *Successful Health and Safety Management* (HSE Books, HSG 65, 1997)
[755] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 14

planned worker involvement practices are unlikely to succeed on all fronts. The commitment to and effectiveness of worker involvement in safety and health should therefore be reviewed by management, with changes made where worker involvement mechanisms are found to be losing support, or not achieving the desired output.

There may be problems encountered during the various stages of managing worker involvement in safety and health. It is important that all of these problems are evaluated and that relevant data is collected where possible, in order to identify areas for improvement. This information, and associated data, should be recorded and fed into the management review process. At the review stage, as noted during the discussion on performance measurement, it is worthwhile looking at other areas aside from health and safety, to consider associated business benefits. For example, it may be noticeable that improved levels of worker involvement may influence business indicators, such as productivity. The review process should consolidate the need to change and improve aspects of the WISH$^{TM}$ Management System. It may also establish that changes in legislation require new training programmes on worker involvement to be provided. Alternatively, restructuring of the organisation may lead to a need to review and possibly amend the worker involvement policy. The process of management review ensures that management take the lead in driving improvements in worker involvement and exhibit the leadership necessary to develop a worker involvement culture.

### *9.2.6 Continuous Improvement*

The WISH$^{TM}$ Management System is overlaid by a requirement for continuous improvement. Continuous improvement is defined in OHSAS 18001 as 'the recurring process of enhancing the occupational health and safety management, in order to achieve improvements in overall occupational health and safety performance.'[756] Although continual improvement is not defined as a specific clause in OHSAS 18001, it is an integral concept underpinning the evolution of any health and safety management system.

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[756] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007) 2

It is important that the management of worker involvement in safety and health is subject to continuous improvement. The spectrum of worker involvement presented in Chapter 2 of the research project, illustrates a progression from weaker to stronger forms of worker involvement in safety and health, with various practices linked to the different forms of involvement.[757] One of ways in which continuous improvement could be evidenced is to promote the implementation of worker involvement practices associated with stronger forms of involvement. However, if the stronger forms of involvement are deemed impracticable for an organisation to introduce, then continuous improvement could be demonstrated through regular attempts to initiate new and varied worker involvement interventions. It is this process of continuous improvement that results in worker involvement becoming a dynamic approach, engendering sustained improvements in organisational health and safety performance.

## 9.3 Conclusions

One of the main arguments presented in the research is that worker involvement in safety and health has to be managed in a systematic fashion to enable worker involvement practices to generate a profound influence on organisational health and safety performance. The Chapter shows that existing legislation and guidance in the UK does not promote a structured and logical approach to the management of worker involvement in safety and health. Current legislation and guidance does not provide a suitable framework for managing worker involvement in safety and health, resulting in worker involvement being managed in a haphazard fashion, through the introduction of isolated practices. The Worker Involvement in Safety and Health (WISH$^{TM}$) Management System has been developed in order to address these deficiencies. The system is presented as a best practice model, primarily designed for implementation in those organisations with an existing health and safety management system, supported by a mature safety culture.

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[757] Chapter 8 of the research provides an evaluation of worker involvement practices associated with the different levels of involvement

The WISH$^{TM}$ Management System is based on a recognised international specification for the management of occupational health and safety. This standard provides an ideal template for the management of worker involvement in safety and health, as it requires a structured and coherent approach. Although the research illustrates that historically worker involvement has not been managed systematically, the discussion presented in the Chapter shows that the management of worker involvement can theoretically be addressed in the same fashion as broader organisational requirements for managing health and safety. This includes establishing a policy for worker involvement and planning to determine how worker involvement should be managed in the organisation. Once worker involvement practices are implemented, measures should be put in place to check the effectiveness of these mechanisms. Audit and review processes ensure that arrangements are continuously improving, in order to facilitate improvements in health and safety performance. The following Chapter proposes developments in legislation and best practice to address the deficiencies in the law and management of worker involvement in safety and health discussed in the thesis.

# 10 PROPOSED DEVELOPMENTS IN UK LEGISLATION AND GUIDANCE RELATING TO WORKER INVOLVEMENT IN SAFETY AND HEALTH

In this Chapter, proposed developments in UK legislation and guidance relating to worker involvement in safety and health are presented. The thesis shows that stronger forms of worker involvement in safety and health have greater potential to generate a positive influence on organisational health and safety performance and that worker involvement practices need to be relevant to the modern world of work. Further, the proposition put forward by the research project is that the adoption of a systematic approach to the management of worker involvement in safety and health will yield positive returns, particularly in the major hazard industries. This Chapter addresses how these findings could be incorporated into legislation and guidance in the UK.

The proposals given in the Chapter represent a significant contribution to knowledge in the field of health and safety law, by providing innovative and practical solutions to enable the benefits of worker involvement to be harnessed. Primary recommendations are presented, followed by further alternatives; should the UK Government determine that the principal recommendations are not appropriate. Importantly, the Chapter proposes developments in legislation and guidance that are realistic for implementation. This is achieved through the provision of guidance on the wording of legislation, to ensure that the duties placed on different parties are realistic.

Previous Government consultation on reforming the law relating to worker involvement in safety and health identified that there are three pillars to the strategy for improving worker involvement, namely; legislation; guidance and encouragement.[781] It is therefore important to achieve an appropriate balance between these pillars, in order to promote greater and more effective worker involvement in safety and health. The challenge however, is that the research shows that the UK Government has exhibited a reluctance to amend the existing statutory framework relating to worker involvement in safety and

[781] Health and Safety Executive, *Improving Worker Involvement – Improving Health and Safety* (HSE Books, Consultative Document 207, 2006)

health.[782] This standpoint stems from a commitment to reduce the regulatory burden on organisations from legal requirements (including health and safety),[783] driven by the Better Regulation Executive (BRE), part of the Department for Business, Innovation and Skills (BIS).[784] Proposing radical statutory requirements for worker involvement may therefore be impractical. However, due to the deficiencies in current legislation relating to worker involvement in safety and health,[785]proposals are given for amending existing provisions and introducing new requirements to generate greater involvement. These legal developments are supported by recommendations characteristic of a softer approach, including guidance and initiatives to encourage worker involvement in safety and health.

The introduction of changes in legislation in the UK is subject to an Impact Assessment (IA).[788] Therefore, it is necessary to analyse the implications associated with the proposed developments. To this end, the Chapter also evaluates the benefits associated with the potential changes in legislation and guidance relating to worker involvement in safety and health, to establish a sound case for their implementation. Reference is also made to the possible drawbacks associated with the proposals, so as to present a balanced argument.

## 10.1 Stronger Forms of Worker Involvement in Safety and health

Chapter 3 of the research provides a discussion on the benefits and limitations of worker involvement in safety and health. It is suggested that stronger forms of worker involvement, including participation, co-determination and self management, have a

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[782] See Chapter 4 for a discussion on legislation and best practice relating to worker involvement in safety and health

[783] BBC News, 'Cameron Says Health and Safety Rules Over the Top' (1 December 2009) <http://news.bbc.co.uk/2/hi/uk_news/politics/8388025.stm> accessed 15 September 2010

[784] Department for Business, Innovation and Skills, 'Better Regulation' <http://www.bis.gov.uk/policies/better-regulation> accessed 15 September 2010

[785] Chapter 4 provides discussion on the limitations associated with existing legislation and guidance relating to worker involvement in safety and health

[788] Impact Assessment (IA) is a cost-benefit analysis undertaken for all proposed changes in legislation. See Health and Safety Executive, 'Impact Assessments' <http://www.hse.gov.uk/ria/> accessed 11 August 2010

greater potential to generate a positive influence on organisational performance, than weaker forms of involvement, namely; the provision of information and consultation. Although Chapter 4 identifies a wealth of guidance promoting stronger forms for worker involvement, particularly worker participation, it is shown that the present legislative framework in the UK is skewed towards requirements for information and consultation. This section provides recommendations for developing legislation and guidance to require stronger forms of worker involvement in safety and health. Legislative developments for worker participation and consultation are included and recommendations for providing further guidance on the implementation of self managed teams.

### *10.1.1 Worker Consultation / Participation in Risk Assessment*

To extend provisions for worker involvement in health and safety management in all organisations, it is recommended that changes are made to existing legislative requirements in the UK. This can be achieved through amendments to the Management of Health and Safety at Work Regulations 1999. The Management of Health and Safety at Work Regulations came into force in 1993 as the principal method of implementing the EC Framework Directive (89/391/EEC), adopted in 1989.[789] The Regulations are supported by an Approved Code of Practice[790] and provide an important framework of requirements for the management of health and safety at work, applicable to all organisations. It is recommended that an amendment is made to Regulation 3 of the Management of Health and Safety at Work Regulations 1999.

Regulation 3 of the Management of Health and Safety at Work Regulations relates to 'risk assessment'. It states:

> '(1) Every employer shall make a suitable and sufficient assessment of-

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[789] Council Directive 89/391/EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work [1989] OJ L183

[790] Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2000)

(a) the risks to the health and safety of his employees to which they are exposed whilst they are at work;
(b) the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking,'

Regulation 3 includes similar requirements for self-employed persons and stresses the need to review assessments in accordance with change. However, there is no reference to the involvement of workers, or their representatives in the risk assessment process. The Approved Code of Practice, supporting the Regulations, does refer to the importance of worker involvement in relation to risk assessments. It states that the risk assessment process needs to:

'take account of the views of employees and their safety representatives who will have practical knowledge to contribute.'

This suggests that the employer is recommended to consult employees, or their representatives, when undertaking health and safety risk assessments. However, there is no specific duty in the regulations for employers to consult employees, or safety representatives on risk assessments. It is therefore recommended, that an amendment is made to Regulation 3 of the Management of Health and Safety at Work Regulations 1999 to incorporate a specific legal duty on employers to consult employee representatives on risk assessments.

The introduction of a legal requirement for employers to consult safety representatives, or representatives of employee safety, on risk assessment would improve the existing legal position, by extending consultative provisions. However, it would not address a fundamental deficiency in existing legislation, in that there is no requirement for employees, or their representatives to be actively involved in the risk assessment process. To enable employees, or their representatives to make a valued contribution to health and safety management, amendments are ultimately needed in legislation to make worker participation in this process mandatory. Chapter 3 of the research presents sufficient

evidence to justify the argument for progressing from consultation to participation in health and safety management. However, in consideration of the UK Government's reluctance to progress beyond requirements for information and consultation, as evidenced in the research,[791] it appears that there might not be an appetite for provisions on active worker participation in health and safety risk assessment at this time.

The current legislative position on risk assessment presents something of a dichotomy when the evidence presented in Chapter 3 of the research is considered. The UK government presently favours a self-regulatory model for the regulation of health and safety, based on the findings of the Robens Report.[792] At the heart of this self-regulatory model is risk assessment.[793] Self-regulation, by its nature, suggests that those who create the risks are best placed to manage those risks. It places emphasis on risk assessment as the fundamental process for identifying, assessing and determining control measures for health and safety risks. The Robens report also identified the fact that worker involvement in safety and health is necessary to allow self-regulation to operate effectively. However, although risk assessment is a cornerstone of modern health and safety management, there is no legal obligation requiring employees or their representatives to be involved in the process. If employers assess risks without involving employees, then the employees' contribution to health and safety risk management is arguably superficial at best.[794]

Enhancing legal provisions relating to risk assessment will echo the sentiments expressed in the HSE's Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond.[795] This Strategy identifies gaps and limitations with the UK's health and safety system and how they might be filled. Reference is made in the Strategy for a need to

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[791] See Chapter 4 for a discussion on the UK Governments' deregulatory approach
[792] A Robens, *Report of the Committee on Safety and Health at Work* (London, HMSO, 1972)
[793] N Gunningham and J Rees, *Industry Self-Regulation: An Institutional Perspective* (1997) Law and Policy 19 (4) 368
[794] Health and Safety Executive, *Improving Worker Involvement – Improving Health and Safety* (HSE Books, Consultative Document 207, 2006)
[795] Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)

'simplify the concept of risk assessment and make it relevant and available to all.'[796] Furthermore, the strategy identifies the need for a culture of continuous improvement, whereby 'risk assessment and employee involvement and consultation are the norm.'[797] These comments emphasise the need for greater employee ownership of the risk assessment process.

A new requirement for consultation, or preferably participation, with regards to risk assessment would need to be carefully worded. In many organisations, risk assessments are undertaken on a daily basis as a function of health and safety management.[798] It is impracticable to require the employer to consult, or permit worker participation, on every risk assessment undertaken in the workplace. Therefore, the recommendation would be to require consultation or participation only in relation to significant risk assessments. The term significant is currently referred to in the Approved Code of Practice in relation to risk assessment and this classification would help ensure that worker involvement relates to safety critical activities in the organisation.[799]

A duty to consult, or facilitate participation, on risk assessments could also be seen as an administrative burden, particularly if it is associated with additional record-keeping requirements. In line with the previous comments, a situation does not want to be created whereby employers are overwhelmed with carrying out and responding to consultations on every single risk assessment in the workplace. Guidance may therefore be necessary to clarify that involvement in risk assessment should be proportionate. This would include giving examples of when consultation on risk assessment, particularly in low risk environments, would not need to be recorded. This guidance would help worker involvement add value to the process of risk assessment and ensure that it does not become a bureaucratic exercise, where the employer involves workers solely to satisfy a legal requirement.

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[796] Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)
[797] Ibid 14
[798] John Ridley, *Safety at Work* (Butterworth-Heinemann, 7th Edition, 2007)
[799] Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2000)

### *10.1.2 Worker Consultation / Participation in Determining Health and Safety Arrangements*

An amendment to Regulation 5 of the Management of Health and Safety at Work Regulations 1999 would be a further recommended approach for enhancing worker involvement in health and safety management. Regulation 5 of the Management of Health and Safety at Work Regulations requires the employer to establish 'health and safety arrangements'. It states:

> 'Every employer shall make and give effect to such arrangements as are appropriate, having regard to the nature of his activities and the size of his undertaking, for the effective planning, organisation, control, monitoring and review of preventative and protective measures.'

The Approved Code of Practice supporting the Regulations provides clarification that health and safety arrangements can be integrated into the organisation's management system.[800] In other words, the requirements for 'planning, organisation, control, monitoring and review' represent the existing legal requirements in the UK to develop an occupational health and safety management system. However, at present there is no reference in either Regulation or the Approved Code of practice to worker involvement in determining health and safety arrangements.

Guidance contained in the Approved Code of Practice however, provides reference to the importance of worker involvement in safety and health. It states that consulting employees or their representatives on health and safety arrangements is good management practice. In particular, safety representatives' experience of workplace conditions and their commitment to health and safety is cited as a way of identifying potential problems and allowing the employer to take prompt action.[801] Research also shows worker participation in occupational health and safety management systems to be

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[800] Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2009)
[801] Ibid 20

an important monitoring and correcting mechanism to reduce risks at work.[802] However, as previously noted, there is no regulatory requirement for employees or their representatives to be consulted on the development of health and safety arrangements. It is recommended that Regulation 5 of the Management of Health and Safety at Work Regulations 1999 is amended to incorporate a requirement for employees, or their representatives to be consulted on the formation of health and safety arrangements. This would require the Approved Code of Practice to be adjusted, providing guidance on how employees, or their representatives, can be consulted on the development and implementation of a health and safety management system.

As with the recommendations made for extending worker involvement provisions for risk assessment, an ideal approach would be to extend worker involvement in the determination of health and safety arrangements from consultation to participation. Indeed, the fact that there is no legal requirement for employees to participate in the determination and implementation of health and safety arrangements presents a similar paradox. As discussed, the requirements contained in Regulation 5 of the Management of Health and Safety at Work Regulations 1999 for health and safety arrangements represent the obligation to establish an occupational health and safety management system. However, at present there is no specific legal duty for workers to be consulted, or participate in this process.

It is shown in the research, that the international management system specification BS OHSAS 18001, relating to occupational health and safety, includes a specific requirement for worker participation in health and safety management.[803] The original publication of OHSAS 18001 in 1999 did not contain a requirement for worker participation. It was only when the specification was amended in 2007,[804] that a procedure for worker participation became mandatory. This change is arguably indicative of the growing

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[802] K Frick, *Worker Influence on Voluntary OHS Management Systems – A Review of its Ends and Means* (2011) Safety Science 49 (7) 978

[803] OHSAS 18001 was created originally in 1999 via a concerted effort from a number of the world's leading national standards bodies and specialist consultancies. See British Standards Institution, <http://www.bsigroup.com/en/> accessed 15 September 2010 for more information

[804] British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007)

belief internationally that workers should be able to actively contribute to the development, implementation and maintenance of health and safety arrangements.[805] However, it appears that there needs to be a significant change in thinking before the UK Government is willing to align legal requirements to international best practice.

Whether a decision is taken to introduce requirements for consultation, or the preferred route of worker participation, the revised requirements for worker involvement in relation to risk assessment and health and safety arrangements would only apply to safety representatives or representatives of employee safety, as it is deemed impracticable for the employer to consult directly with employees. Particularly in small businesses, a requirement to consult directly with employees in relation to these processes could prove time-consuming and costly. Furthermore, there may be a need to exempt self-employed workers in low hazard environments from the proposed requirements. The proposed revisions to the Management of Health and Safety at Work Regulations 1999 would need to be framed in a similar manner, introducing a requirement for indirect consultation, or ideally participation, via nominated representatives.

Consultation or participation processes established by the new duties would need to be fit for purpose and will depend on the size of the organisation and the complexity of their operations. The intention of the changes in legislation is not to create a uniform approach to worker involvement in safety and health. Guidance will be necessary to explain that the aim of the legislative developments should be greater involvement in the overall mechanism of risk assessment and determination of health and safety arrangements. While involvement of employees is beneficial, this does not mean that there has to be lengthy consultation, or participation, on every single aspect of health and safety management.

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[805] G Brown, *Genuine Worker Participation – An Indispensable Key to Effective Global OHS* (2009) Environmental and Occupational Health Policy 19 (3) 327

### *10.1.3 Responding to Representations from Safety Representatives, or Representatives of Employee Safety*

Chapter 4 of the research identifies that in April 2003, the Health and Safety Executive (HSE) proposed regulations to harmonise the requirements of the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. These proposals were shelved and replaced with a 'collective declaration on worker involvement'.[806] At the time, the HSE expressed concerns that the resulting regulations would be complicated and overly bureaucratic. Despite the decision not to support the harmonisation of these requirements, there remains a fundamental deficiency in the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, in that they contain no specific duty on the employer to respond to representations from safety representatives, or representatives of employee safety.

It is recommended that a legal duty to respond to the representations from safety representatives and representatives of employee safety is incorporated into the requirements of the Safety Committees and Safety and Representatives Regulations 1977 and Health and Safety (Consultation with Employees) Regulations, respectively. If a trade union is not recognised, or has not appointed safety representatives, this amendment to the Health and Safety (Consultation with Employees) Regulations 1996, would give representatives of employee safety in such situations equal rights to trade union safety representatives, and further encourage worker involvement. It is recommended that this new duty should only apply to dealings with representatives. At present, the Health and Safety (Consultation with Employees) Regulations 1996 permit the employer to consult directly with employees, or via elected representatives of employee safety. However, it would not be feasible for an amendment of these regulations to require the employer to respond to representations directly from employees. In small organisations, this may prove time-consuming and expensive.

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[806] Health and Safety Executive, 'A Collective Declaration on Worker Involvement' (2004) <http://www.hse.gov.uk/involvement/hscdeclaration.pdf> accessed 11 August 2010

The benefit of such a duty is that it could encourage better dialogue between employers and workers, and ensure active involvement in the health and safety system. However, in a similar fashion to the potential drawbacks associated with involvement on risk assessment and health and safety arrangements, the duty could result in added bureaucracy, if not worded appropriately. The fundamentals of this new process could be established in legislation, with supporting guidance detailing how it might operate in practice. Although in principle, representation and response would need to be in writing, guidance would be required to explain the process of recording responses and determining whether a response is suitable. In particular, examples would be needed of the different mechanisms which could be used for recording responses, such as minutes from safety committee meetings. Furthermore, the guidance should contain clarification on what would be a reasonable time to wait for a response.

### *10.1.4 Guidance on the Development and Implementation of Self Managed Teams*

In addition to the legislative amendments proposed above, it is recommended that guidance is developed by the HSE to assist organisations in developing and implementing stronger forms of worker involvement in safety and health. The research presents co-determination and self management as stronger forms of involvement than consultation and participation. It is not recommended that guidance is provided on co-determination, with discussion presented in Chapter 4 showing that this form of worker involvement needs to be accompanied by wider legal developments to establish a suitable framework. However, it is proposed that guidance is developed on the introduction of self managed teams, particularly aimed at the major hazard industries.

The guidance could be in the form of a Health and Safety Guidance Note (HSG) possibly entitled 'Implementing Self managed Teams in the Major Hazard Industries'. The only notable resource published by the HSE identified during the research, specifically addressing self managed teams, was published in 1999.[807] This report is concerned with

[807] Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)

the benefits associated with self managed teams, as opposed to how they are implemented in practice. It is also in the format of an academic report and not suitable for use as guidance by the major hazard industries. User-friendly guidance therefore needs to be developed utilising industry specific case studies where applicable.

## 10.2 Worker Involvement in Safety and Health Relevant to the Modern World of Work

The thesis argues that worker involvement practices need to be relevant to the modern world of work to promote further improvements in organisational health and safety performance. However, Chapter 5 identifies that significant changes have occurred in the UK's socio-economic landscape since the introduction of the Health and Safety at Work etc. Act 1974. These changes have given rise to new health and safety risks, particularly psychosocial and ergonomic risks.[808] They also have the potential to influence the effectiveness of worker involvement practices on organisational health and safety performance. This section proposes developments in legislation and guidance to ensure that worker involvement in safety and health remains relevant in consideration of these significant changes.

### *10.2.1 Amendments to the Health and Safety at Work etc. Act 1974*

The Health and Safety at Work etc. Act 1974 represents the core legislative provisions for worker involvement. However, the introduction of the Act was prompted by the findings of the Roben's Report. The Report was prepared at a time when a large proportion of work activity was undertaken by male, full-time employees working for large, unionised companies in the manufacturing and extractive industries.[809] Since then, increased employment in the services sector and the decline of heavy industries has become apparent. Evidence in Chapter 5 also shows a significant growth in the number

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[808] T Koukoulaki, *New Trends in Work Environment – New Effects on Safety* (2010) Safety Science 48 (8) 940

[809] P James and D Walters, *Regulating Health and Safety at Work* (Institute of Employment Rights, London, 1999)

of small and medium sized enterprises, coupled with a fall in trade union membership and a growth in the variety of non-standard forms of employment. These include an increased reliance on contract labour, greater levels of self-employment, an increase in part-time, temporary, flexible and shift working arrangements, and a substantial influx of migrant labour in recent years.

The Health and Safety at Work etc. Act 1974 and subsequent introduction of the Safety Representatives and Safety Committees Regulations 1977 only requires arrangements for consultation to be established in organisations with trade union recognition. The growing number of small business and decline in trade union membership has resulted in many workers having no statutory entitlement to worker involvement in safety and health. The Health and Safety (Consultation with Employee) Regulations 1996 were introduced in an attempt to widen consultative provisions in organisations with no trade union recognition. These requirements apply to the increasing number of small businesses in the UK economy. However, research presented in Chapter 4, shows that the majority of small organisations remain unaware of their requirements.[810] In consideration of this evidence, it is argued that further legislative change is necessary.

One of the greatest challenges identified in the research, is the need to put in place arrangements to ensure more and better worker involvement in every workplace.[811] In order for this to take place it is necessary to expand the base of worker involvement in health and safety management to cover the whole workforce. To widen provisions for worker involvement in safety and health across all businesses, it is recommended that the general duties contained in Health and Safety at Work etc. Act 1974 are amended. In particular, responsibility needs to be placed on the employer to appoint safety representatives and establish a safety committee (on request) in all organisations. This requirement should be extended to the self-employed, to cover the growing number of

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[810] Research conducted by the Institute of Employment Studies (IES) indicated that 66% of employers were unaware of the requirements of the Health and Safety (Consultation with Employees) Regulations 1996. For more information see Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268/20, 2000)

[811] Chapter 3 of the research provides evaluation of the challenges associated with worker involvement in safety and health

self-employed workers, as identified in Chapter 5 of the research. To ensure that all workers are provided the same levels of health and safety protection, it is also recommended that the Health and Safety at Work etc. Act 1974 is amended to require that all workers are able to be involved in health and safety decision making, regardless of their employment status. As discussed, at present, the worker involvement provisions contained in the Health and Safety at Work etc. Act 1974 only apply to employees working for organisations represented by a recognised trade union. However, Chapter 5 identifies that since the introduction of the Act the access to trade unions has diminished substantially.

Furthermore, a range of non-standard patterns of employments have introduced significant challenges for worker involvement in safety and health. To address these changes, it is proposed that the definition of employee in the Health and Safety at Work etc. Act 1974 is widened. A new definition should be created which includes reference to homeworkers, peripatetic workers and other non-standard forms of employment. These changes to the Health and Safety a Work etc. Act will establish overarching minimum requirements for worker involvement in safety and health that apply to all businesses and encompass non-standard patterns of employment. This will help to clarify responsibilities and ensure that employers understand their obligations for managing worker involvement.

The long-standing debate on whether to amend the Health and Safety at Work etc. Act 1974 is given significant consideration in the Revitalising Health and Safety Strategy.[812] One of the key aims of the 'Revitalising' strategy is to ensure that the approach to health and safety regulation remains applicable to the changing world of work. [813] Action Point 16 of the strategy requires the Health and Safety Commission to consider whether the Health and Safety at Work Act., 1974 should be amended, in response to the changing world of work, in particular to ensure the same protection is provided to all workers, regardless of their employment status. Furthermore, the Strategy makes particular

[812] Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)
[813] Ibid 19

reference to the need to look for new ways of promoting worker involvement in safety and health, particularly in consideration of the changing labour market and limited trade union presence in many cases. Since then, the HSE has voiced its opinion that the current legislative framework for health and safety is still relevant to the modern world of work.[814] Their opinion is that existing requirements relate to wider economic changes and existing employment patterns, but the problem is more with interpretation of existing requirements. This infers that additional legal requirements are not needed, but improved guidance is required to assist organisations with the interpretation and implementation of existing provisions.

This viewpoint has recently been corroborated by Lord Young's review of health and safety regulation in the UK,[815] in which it is stated that:

> 'There is no need for major changes to the framework provided by the Health and Safety at Work etc Act. Improvements to legislation, are of course, needed from time to time but the fundamental framework is still relevant.'

However, since the Young Report, there have been signs that the Government is willing to consider improvements to the Health and Safety at Work etc. Act 1974, in order to facilitate a common sense approach to health and safety management.[816] In particular, a Private Member's Bill was presented to Parliament on 21 October 2010. The Bill includes suggested amendments with respect to systems of risk assessment; to make provision for separate requirements for play, leisure and work-based activities; to introduce simplified risk assessments for schools; and for connected purposes.[817] These changes may be indicative of a growing momentum that an overhaul of health and safety legislation is required in the UK. In recognition of the evidence in the thesis that the Health and Safety at Work etc. Act 1974 does not provide a suitable framework for the

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[814] Health and Safety Executive, *Thirty Years On and Looking Forward: The Development and Future of the Health and Safety System in Great Britain* (HSE Books, C25, 2004)
[815] Lord Young, *Common Sense Common Safety* (HM Government, Cabinet Office, 2010)
[816] Health and Safety Executive, <http://www.hse.gov.uk/aboutus/commonsense/> accessed 26 June 2010
[817] UK Parliament, <http://services.parliament.uk/bills/2010-11/healthandsafetyatworkamendment.html> accessed 26 June 2010

management of worker involvement practices, it may be an opportune time to propose further changes to the Act, including the re-definition of responsibilities for managing worker involvement in safety and health. These developments are necessary to address long-standing weaknesses in existing provisions and their relevance to the modern world of work.[818]

### *10.2.2 Guidance on Encouraging Worker Involvement in Consideration of Non-Standard Patterns of Employment*

Although sufficient evidence has been presented in Chapter 5, for the need to review existing statutory requirements, it appears that in consideration of the UK Government's and HSE's standpoint on the validity of Health and Safety at Work etc. Act 1974, a softer approach may be more realistic for implementation. This would be characterised by developing further guidance and exploring additional funds and initiatives to promote a modern framework for worker involvement in safety and health. The research demonstrates that the HSE has started to work with industries, for example the construction industry, to develop programmes and initiatives to promote worker involvement in safety and health.[819] These types of initiatives should be extended to other industries and sectors, particularly those with poor records of health and safety performance.

Chapter 5 identifies that non-standard forms of employment create potential problems when attempting to promote effective worker involvement in safety and health practices. It is recommended that the HSE develop a specific Health and Safety Guidance Note (HSG), possibly entitled 'Non-standard patterns of employment: Encouraging worker involvement in health and safety.' The guidance note would begin by identifying that since the introduction of the Health and Safety at Work etc. Act 1974, employment patterns have changed significantly. The guidance should be structured to address a

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[818] D Walters, *One Step Forward, Two Steps Back: Worker Representation and Health and Safety in the United Kingdom* (2006) International Journal of Health Services 36 (1) 93

[819] Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/> accessed 1 November 2010

number of non-standard patterns of employment, supported by practical advice on how to encourage worker involvement on health and safety issues. The non-standard patterns of employment for coverage in the guidance could include: 'Contracting', 'Self-employment', 'Part-time and temporary working', 'Teleworking', 'Shift-working' and a final section on 'Migrant labour'. Reference could be made to Chapter 5 of the research, with respect to specific detail and case studies to be included in the guidance.

### *10.2.3 Further Pilots of Roving Safety Representatives*

One of the suggestions made in the Revitalising Health and Safety strategy for reaching workers who are not represented by safety representatives was to have a wider system of 'roving' safety representatives. Chapter 6 identifies that in Sweden, workers in small workplaces enjoy statutory entitlement to representation in health and safety matters, embodied by the regional safety representatives (RSR) scheme.[820] The scheme, which allows workplaces with as few as five employees to elect health and safety representatives, has existed for around 50 years in the construction and forestry industries and was extended to all sectors about 25 years ago.[821]

In the UK, a small group of roving safety representatives were appointed as part of a trade union's pilot in the agricultural sector in the South of England.[822] The scheme, which mimicked the Swedish approach by trying to improve involvement in health and safety in small enterprises, experienced only limited success, in comparison to the Swedish scheme. Although the roving safety representatives programme in agriculture was relatively unsuccessful, in comparison with the success of the regional safety representatives scheme (RSR) in Sweden, it is recommended that the HSE explores the possibility of similar pilots in other industries in the UK. Permitting the appointment of roving safety representatives does raise some difficult issues, including who pays the

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[820] K Frick and D Walters, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 370

[821] Health and Safety Executive, *Employee Consultation and Involvement in Health and Safety* (Discussion Document, 2000)

[822] Health and Safety Executive, *Measuring the Effect of Health and Safety Advisors and Roving Safety Representatives in Agriculture* (HSE Books, Research Report 417, 2006)

representative, gaining entry in third party premises and trade union recognition. However, such a scheme may yield returns in the construction industry, providing that it is implemented over a sufficient time frame and appointed representatives are provided with suitable training.

### *10.2.4 Additional Funding for Worker Involvement Initiatives*

In addition to further pilots of a roving safety representative scheme, it is recommended that the HSE continues to explore additional initiatives to support worker involvement in safety and health, particularly in small businesses with no trade union recognition. Chapter 5 identifies the Worker Safety Advisers (WSA) initiative in 2002, as a relevant example of where partnerships between trade unions, employers and workers can lead to improvements in small organisations that do not have trade union recognition. The pilot ran in four sectors (automotive engineering, construction, hospitality and the voluntary sector) and two thirds of the employers participating in the pilot had less than twenty-five employees.[823] Changes to the approach to health and safety were reported by some three quarters of the employees who took part in the pilot. Specific changes made included: joint training for managers, the production of new and / or revised policies and procedures, and the involvement of workers in risk assessments.[824] Following on from the success of the pilot, the Workers' Safety Adviser Challenge Fund was launched in 2003 with three million pounds of funding allocated to the initiative, over a three year period, with the overall aim of promoting greater employer and employee involvement in health and safety. Unfortunately, in March 2007, despite evidence[825] indicating that the fund had helped engender positive attitudes to worker involvement in safety and health, improve perception of health and safety, increase levels of worker involvement in some

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[823] Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Books, Research Report 296, 2005)
[824] Health and Safety Executive, *The Worker Safety Adviser (WSA) Pilot* (HSE Books, Contract Research Report 144, 2003)
[825] Health and Safety Commission, *Worker Involvement: Proposals on the Future of the Worker's Safety Advisor Initiative and First Findings from the Consultation Exercise* (HSC/06/88, 2006)

areas and had reached small organisations and hard-to-reach groups of workers, a decision was taken to discontinue the fund.[826]

Although the WSA initiative has ceased, it is recommended that funding to support worker involvement in safety and health and foster sustainable models of worker involvement is continued. This funding should aim to develop lasting partnerships between employers and employees to support improvements in organisational health and safety performance. Due to the success of the Workers Safety Advisor initiative, it is recommended that funding is used to support a similar initiative, whereby employer/employee partnerships are developed, particularly in small organisations, with no trade union recognition. For example, Chapter 6 of the research discusses the Provisional Improvement Notice (PIN) programme in Australia, whereby safety representatives have the power to serve improvement notices on their employers, upon the identification of substandard health and safety practices. It is recommended that funding is allocated to trial a similar initiative in the UK. This initiative has the potential to provide trained employee representatives in small businesses greater opportunity to influence health and safety decision making. Irrespective of the economic downturn in the UK, to ensure the continued success of such initiatives in the future, it is important that funding is available for periods beyond just one year. This will ensure that a suitable time period is allocated, to allow an objective decision to be made as to whether worker involvement practices have brought about improvements in organisational health and safety performance.

## 10.3 A Systematic Approach to Managing Worker Involvement in Safety and Health

The thesis establishes that the history of worker involvement in safety and health is long-standing.[827] However, interest in recent years, has been on the introduction of new

[826] Health and Safety Executive, 'Health and Safety Commission Minutes' (7 November 2006) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2006/051206/cm10.pdf> accessed Monday 26 July 2010

processes and practices, which can harness the benefits of worker involvement.[828] The previous Chapter indicates that the implementation of an occupational health and safety management system can generate improvements in organisational health and safety performance. Furthermore, the integration of independent management arrangements is shown as a way of promoting continuous improvement.[829] It is suggested that integrating the management of worker involvement, within the broader management system for occupational safety and health, is likely to result in a positive impact on health and safety performance. A procedural model promoting a systematic approach to the management of worker involvement in safety and health is presented in the thesis, aimed primarily for introduction in the major hazard industries.[830] This section discusses how a systematic approach to managing worker involvement in safety and health could be incorporated into existing legislation and guidance in the UK.

### *10.3.1 Legislation for the Major Hazard Industries on a Systematic Approach to the Management of Worker Involvement in Safety and Health*

It is unlikely that the HSE would promote a legal requirement upon employers to introduce a systematic framework for the management of worker involvement in safety and health in all organisations. Furthermore, the research identifies that the application of such a system is more suitable for implementation in the major hazard industries, due to the potential to align management arrangements for worker involvement to an existing occupational health and safety management system and the higher levels of worker competency that typically prevail. The recommended approach would be to introduce a legal requirement on employers in specific major hazard industries to implement a systematic approach to the management of worker involvement in safety and health. The reason for focusing new health and safety provisions on the major hazard industries runs

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[827] See Chapter 4 for a discussion on the evolution of legislation and guidance relating to worker involvement in safety and health

[828] See J Budd, P Gollan and A Wilkinson, *New Approaches to Employee Voice and Participation in Organizations* (2010) Human Relations 63 (3) 304 and J Gruman, *Performance Management and Employee Engagement* (2011) Human Resource Management Review 21 (2) 128

[829] S Zeng, X Xie, C Tam and L Shen, *An Empirical Examination of Benefits from Implementing Integrated Management Systems* (2011) Total Quality Management and Business Excellence 22 (2) 130

[830] Chapter 9 presents a systematic approach to the management of worker involvement in safety and health

in line with the general emphasis of the Young Report.[831] Lord Young's review of the health and safety system identifies the need to reduce the regulatory burden on low hazard workplaces and target resources at high risk businesses.

The introduction of legislation requiring a systematic approach to the management of worker involvement in safety and health would need to be ring fenced, with respect to its application to specific major hazard industries. The research identifies examples of legislation applicable to major hazard industries which addresses worker involvement, including the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989 and the Quarries Regulations 1999. A workable approach therefore, would be to incorporate the requirement for a systematic approach to worker involvement into existing legislation applicable to specific major hazard industries. If these legislative developments generate improvements in health and safety performance, an argument would exist for legal provisions applicable to other major hazard industries, requiring a systematic approach to the management of worker involvement in safety and health.

The requirements for managing worker involvement could be based on a methodology contained in the Management of Health and Safety at Work Regulations 1999. As identified in the Chapter, the Management of Health and Safety at Work Regulations 1999 contain the existing legal requirement for organisations to establish health and safety arrangements and in essence develop an occupational health and safety management system. The requirement for organisations to implement a systematic approach to the management of worker involvement in safety and health could be created through the introduction of an additional regulation in existing legislation, possibly entitled 'worker involvement arrangements.' This would follow a similar pattern to Regulation 5, in requiring the employer to establish arrangements for policy, planning, implementation and operation, checking and management review for worker involvement, in line with the components of the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System, as detailed in Chapter 9.

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[831] Lord Young, *Common Sense Common Safety* (HM Government, Cabinet Office, 2010)

The introduction of a legal requirement to manage worker involvement in safety and health in the major hazard industries would need to carefully worded. There may be concerns that the new requirement could introduce a burden on these industries, particularly in terms of added bureaucracy. The thesis argues that many organisations in the major hazard industries already have advanced and mature management systems in place for managing health and safety.[832] The argument presented in the previous Chapter, is that if existing systems are used as a framework to integrate worker involvement arrangements, then the burden on these industries would not be substantial. However, legislation would need to clearly detail those areas of the management system for worker involvement which should be documented, in the form of policies and procedures. Supporting guidance may also be necessary to clarify expectations and provide industry specific examples and case studies.

### *10.3.2 Guidance for the Major Hazard Industries on a Systematic Approach to the Management of Worker Involvement in Safety and Health*

The systematic approach to the management of worker involvement in safety and health presented in Chapter 9, represents a key component of the research. However, it is unlikely that a UK statutory duty for such a requirement will be introduced at this time. Notwithstanding, it is recommended that the HSE develops a Health and Safety Guidance Note (HSG), possibly entitled 'Managing Worker Involvement in Safety and Health in the Major Hazard Industries', promoting a systematic approach to the management of worker involvement in safety and health. The guidance should address three important questions relating to the management of worker involvement in safety and health. Firstly, it should clarify *what* is worker involvement in safety and health? Secondly, the guidance should establish *why* worker involvement in safety and health is important? Finally, the guidance should provide information on *how* worker involvement in safety and health can be managed in a systematic fashion? Discussion is now provided on how these 3 sections could be presented in the guidance.

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[832] Health and Safety Executive, 'Major Hazards Industry Performance Indicators Scoping Study' (2006) <http://www.hse.gov.uk/research/hsl_pdf/2007/hsl0731.pdf> accessed 15 August 2010

The first section of the guidance will establish what is meant by the term worker involvement in safety and health. It will show the different levels of worker involvement established in Chapter 2 of the research, including information, consultation, participation, co-determination and self management. The spectrum of worker involvement in safety and health will be presented, as illustrated in Chapter 2, to clarify the relationships between the various levels of involvement. It will be emphasised that worker involvement practices allow workers, in a variety of ways, to contribute to health and safety decision making. The HSE's philosophy that health and safety is 'everyone's business' should be re-emphasised at this stage. This initial section will set the scene and help organisations understand that worker involvement is an umbrella term encompassing a variety of different forms and associated practices.

The second section of the guidance will clarify why organisations should commit to worker involvement in safety and health. The focus of this section will be on the benefits associated with stronger forms of worker involvement. It is recommended that statistical references and data illustrating the impact of worker involvement on health and safety performance should be included at this stage. This will provide an objective argument for worker involvement initiatives. The second section will also explain why a systematic approach is needed for the management of worker involvement in safety and health. This content is critical as the requirement for a systematic approach to worker involvement is not present in existing legislation and guidance, and organisations may have difficulty in understanding why such an approach is needed. It is broadly recognised that a systematic approach is needed to manage other important organisational requirements effectively. It should be emphasised that a similar methodology for managing worker involvement will help facilitate an organised, logical and consistent approach to managing worker involvement practices in the organisation. This approach will enable worker involvement practices to facilitate improvements in organisational health and safety performance.

The third section of the guidance will focus on how a systematic approach to worker involvement in safety and health can be developed and implemented in practice. This should represent the most significant section of the guidance, with respect to content, and

could be divided into 5 subsections; namely *policy*, *planning*, *implementation and operation*, *checking and corrective action* and *management review*. These sections would be in line with the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System, presented in Chapter 9. It is anticipated that should the HSE accept the arguments presented in the research, that Chapter 9 will be used as a framework for creating guidance on the management of worker involvement in safety and health. The following section provides further detail on how the 5 subsections could be explained in the HSE guidance.

The third section would begin by recommending the creation of a *policy*, or declaration on worker involvement. This would emphasise the need for top level management commitment to worker involvement in safety and health. A sample generic worker involvement policy could be included in the guidance, to show how such a document could be created in practice. It would be established that the policy is important to clarify the importance of worker involvement in safety and health, in the context of the organisation. Following policy, the guidance would address the need for *planning* worker involvement in safety and health, including the factors to consider when undertaking an assessment of worker involvement. The guidance would then consider the *implementation and operation* of worker involvement in safety and health. This would identify the roles and responsibilities of individuals involved in managing worker involvement practices and the need to establish training and competency requirements to satisfy these roles. The focus of this section would be on the implementation of worker involvement, with procedures detailing how worker involvement mechanisms could be put into practice. The guidance would address the *checking and corrective action* of worker involvement in safety and health practices. This would include the need to determine the effectiveness of worker involvement practices implemented and introduce actions where improvements are necessary. Finally, the guidance would detail requirements for the *review* of worker involvement in safety and health, periodically and in accordance with significant change.[833]

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[833] For a more detailed overview of the requirements of the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System, reference should be made to Chapter 9

### *10.3.3 Funding for Pilot Studies in the Major Hazard Industries to Evaluate the Potential Impact of a Systematic Approach to the Management of Worker Involvement in Safety and Health on Organisational Health and Safety Performance*

In order to provide further justification for a systems approach to worker involvement and the need for legislation and guidance in this area, it is recommended that funding is allocated to allow a pilot study to be undertaken in the major hazard industry. The pilot study will involve the introduction of the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System, detailed in Chapter 9, into a number of organisations over a period of time. In line with the argument presented in the thesis, the procedural model would be introduced by organisations within the major hazard industries. Despite the array of variables with the potential to influence health and safety performance, a carefully conducted study would determine whether the systematic approach to worker involvement in safety and health is a capable of generating improvements in organisational health and safety performance. Chapter 11 also considers the importance of a pilot study to corroborate the arguments presented in this work.

## 10.4 Conclusions

The UK health and safety system is currently in a stage of transition, following Lord Young's Whitehall-wide review of the operation of health and safety laws and the growth of the compensation culture. The recommendations of the thesis come at a timely point and resonate with much of current Government thinking. The Prime Minister and the Cabinet accepted all of Lord Young's recommendations and a range of Government bodies are now involved in taking them forward.[834] As noted in the Chapter, the overriding aspect of these reforms is the need to simplify health and safety legislation and guidance, and in doing so ease the burden on business. Further, the intention is to shift the focus of health and safety enforcement activity away from lower risk sectors and

[834] Department for Works and Pensions, 'Health and Safety Reform' <http://www.dwp.gov.uk/policy/health-and-safety/> accessed 13 November 2011

focus on higher risk areas. This Chapter proposes developments in UK legislation and guidance relating to worker involvement in safety and health in line with these objectives. Recommendations are presented in relation to the three main areas of the hypothesis presented in Chapter 1. These include developments in legislation and guidance to; require stronger forms of worker involvement in safety and health; ensure worker involvement practices remain relevant to the modern world of work, and; instigate a systematic approach to the management of worker involvement in safety and health.

The Chapter proposes extending consultative requirements for worker involvement in risk assessment and the determination of health and safety arrangements. It is recommended that Regulations 3 and 5 of the Management of Health and Safety at Work Regulations 1999 are amended to widen existing provisions for worker involvement. Regulation 3 of the Management of Health and Safety at Work Regulations 1999 should be amended to permit safety representatives or representatives of employee safety to be consulted on the findings of significant risk assessments. Furthermore, Regulation 5 should be amended to facilitate the consultation of safety representatives, or representatives of employee safety, on health and safety arrangements. Ideally, both of these requirements should be extended from consultation to participation, to allow workers to exert an even greater influence on health and safety management and associated decision making. Further recommendations include an amendment to the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 to incorporate a specific duty on the employer to respond to representations made by safety representatives, or representatives of employee safety. The creation of guidance on the implementation of self managed teams, aimed at the major hazard industries is also recommended.

The Chapter suggests amendments to the Health and Safety at Work etc. Act 1974 to establish core provisions for worker involvement in safety and health that are applicable to the modern world of work. The general duties placed on the employer to establish arrangements for workforce consultation should be applicable to all organisations. Furthermore, the definition of employee should be widened to clarify the responsibility of

the employer to consult with all employees, irrespective of the strength of their association with the organisation. Further recommendations include guidance on managing worker involvement in safety and health in consideration of non-standard patterns of employment, further pilots of a roving safety representative scheme and funding to support the trial of a Provision Improvement Notice (PIN) scheme, providing employee representatives with the power to serve improvement notices on their employer, where health and safety shortcomings are identified in the workplace.

Legislative developments are recommended in the major hazard industries to require the employer to adopt a systematic approach to the management of worker involvement in safety and health. These will require the employer to follow a similar methodology for managing worker involvement requirements, to that contained in Regulation 5 of the Health and Safety at Work Regulations 1999. The final recommendation, again tailored towards the major hazard industries, involves publishing guidance on a systematic approach to the management of worker involvement in safety and health, in line with the procedural model for managing worker involvement in safety and health, presented in Chapter 9. Finally, to provide further justification for adopting a systematic approach to the management of worker involvement in safety and health, it is recommended that funding is allocated to allow a pilot study to be undertaken in the major hazard industries.

In relation to the proposed developments in legislation and guidance, it is noted in the Chapter that a radical departure from the existing legal position is unlikely. The UK government has exhibited an unwillingness to develop legislation in this area, despite the evidence presented in the research that legal provisions need to be extended beyond basic requirements for information and consultation. At present, the balance between legislation, guidance and encouragement for worker involvement is uneven. In particular, there appears to be insufficient legal requirements and an abundance of guidance. To compound this problem, where legislation is in place, it does not facilitate worker involvement practices which generate profound improvements in health and safety performance. For worker involvement in safety and health practices to realise the benefits detailed in the thesis reliance on a voluntary approach will not be enough. Legal

requirements need to be established to promote stronger forms of involvement that are applicable to the modern world of work, with involvement practices managed within a systematic framework.

# 11 CONCLUSIONS

The concluding Chapter of the thesis considers the aims and objectives of the research and whether they have been met. It also addresses the validity of the hypothesis proposed in the introduction to the thesis. The research is founded on an hypothesis that developments in legislation and guidance are needed in the UK, relating to worker involvement in safety and health. More specifically, the hypothesis proposes stronger forms of worker involvement applicable to the modern world of work and a systematic approach to the management of worker involvement in safety and health is required to generate improvements in organisational health and safety performance. A conclusion is drawn in the Chapter, as to how strongly this hypothesis is supported. The Chapter revisits the key themes identified during the research and addresses any problems that may have hindered the project. Reference is made to areas where further research is required to consolidate the arguments presented in this work.

The research aims to demonstrate the benefits of worker involvement in safety and health. It establishes the need for a structured and coherent approach to managing worker involvement and suggests how this can be achieved in practice through the development, implementation and maintenance of a procedural model. This aim is intended to be achieved through a number of objectives. Specifically, the research explains the concept of worker involvement in safety and health and discusses associated benefits and limitations. It evaluates the extent to which existing legislation and guidance in the UK, supports worker involvement in safety and health and determines whether legislation and guidance is relevant to the modern world of work. The research adopts an international dimension, by discussing whether the UK can learn from successful worker involvement practices that have been adopted in other countries. Furthermore, the research considers how an organisational culture can be developed to foster worker involvement in safety and health and analyses how worker involvement in safety and health can be implemented in practice. The creation of a systematic approach to the management of worker involvement in safety and health is presented as a fundamental objective. Finally, the research provides solutions, in the form of developments in UK legislation and

guidance, to address deficiencies identified throughout the thesis. Each of these objectives are now revisited, to see whether they have been addressed sufficiently in the research project.

## 11.1 Revisiting the Objectives of the Research

The first objective of the research is to *identify what is meant by the term worker involvement in safety and health and discuss the various forms of worker involvement in safety and health*. Chapter 2 includes terminology used throughout the research and provides discussion on the various forms of worker involvement in safety and health. The terms involvement and participation are identified as being used interchangeably in existing literature and the difference between the two is clarified for the purposes of the research. Worker involvement is presented as a broad concept, encapsulating a diverse range of techniques and practices, all of which intend to allow the workforce influence over health and safety issues. Participation is regarded as a form of involvement, enabling workers to actively contribute to health and safety decision making. Engagement is identified as another term in common usage, particularly in literature on worker involvement published by the Health and Safety Executive (HSE), notably relating to the construction industry. Worker involvement in safety and health is established as a holistic term, encompassing a variety of different forms of worker involvement closely related to each other.

A spectrum of worker involvement in safety and health is established in Chapter 2, showing an evolutionary progression from weaker to stronger forms of involvement. The provision of information and consultation are presented as weaker forms of involvement, developing into participation, co-determination and finally self management. The different forms of worker involvement correlate with different worker involvement practices, for example consultation is typically implemented in practice through safety representatives and committees and co-determination, through the introduction of works councils. These involvement practices are subsequently analysed in Chapter 8 of the research. When considering the spectrum of worker involvement, it is noted that weaker

forms of involvement are characterised by management led approaches. However, as stronger forms of worker involvement develop, employees gain greater empowerment and ownership of health and safety issues.

The second objective is to *discuss the benefits and limitations associated with the different forms of worker involvement in safety and health.* This discussion is presented in Chapter 3 of the research. Moral, legal and financial justifications are presented for involving workers in health and safety decision making. The moral obligation is founded upon the argument that workers are exposed to health and safety risks and should therefore be entitled to be involved in decision making activities influencing how these risks are managed. It is established that a legal argument exists for worker involvement in safety and health, with failure to meet legal obligations resulting in sanctions being imposed on the offending organisation. Chapter 3 did not include a detailed discussion on legislative provisions, with this analysis being dealt with during Chapter 4. Discussion is presented in Chapter 3 however, on the financial or economic basis for worker involvement. Worker involvement is projected as a way of reducing the direct and indirect costs associated with workplace accidents and ill health. It is also shown that financial returns can be gained through improvements in quality and productivity, promoted through collaborative working environments. Chapter 3 linked to the preceding Chapter, with analysis of the benefits associated with the different forms of worker involvement in the spectrum of worker involvement in safety and health. Numerous case studies are presented, demonstrating that the stronger forms of worker involvement in safety and health have a greater potential to generate improvements in organisational efficiency and reductions in work related accidents and ill health.

Chapter 3 provides a balanced perspective by evaluating the limitations associated with worker involvement in safety and health. It evidences that the majority of the factors limiting the effectiveness of worker involvement practices are linked to organisational failings. In particular, management commitment and control, competency and communicated are suggested as limiting factors. If managers and workers are not committed to bringing about improvements in health and safety performance, it can prove

difficult to develop levels of worker ownership of health and safety issues. The importance of competency is stressed as a critical factor. If workers do not understand health and safety issues in their workplace, then this may undermine the contribution that they are capable of making to decisions. Communication is also required to ensure that a continual cross-fertilisation of information is facilitated to support stronger forms of worker involvement. A range of other factors influencing worker involvement are also identified in this Chapter, including the size of the organisation, the nature of industry or sector and time pressures associated with operational activities.

The next objective of the research is to *analyse existing legislation and guidance in the UK, relating to worker involvement in safety and health.* This analysis is presented in Chapter 4, including discussion on the extent to which existing legislation and guidance in the UK, supports stronger forms of worker involvement. The review illustrates that UK legislation and guidance is presently skewed towards requirements for the provision of information and consultation. It is shown that the traditional model of workplace consultation is aimed towards large organisations with trade union recognition, with trade union safety representatives appointed to represent the workforce on health and safety issues. Representation occurs at an appropriate forum, through the health and safety committee. The influence of the European Union is considered in this Chapter. EU legislation has been instrumental in developing requirements for worker involvement in organisations with no trade union recognition. Overall, the review of existing legislation and guidance demonstrates reluctance on behalf of the UK Government to introduce requirements for stronger forms of worker involvement in safety and health. The preferred approach has been deregulatory, characterised by the creation of a framework of voluntary standards and guidance.

Chapter 5 expands upon the review of legislation and guidance and addresses the next objective to *determine whether existing legislation and guidance in the UK, relating to worker involvement in safety and health, is relevant to the modern world of work.* It is illustrated that notable economic changes have occurred since the introduction of the Health and Safety at Work etc. Act 1974. Deindustrialisation and the associated

emergence of the service sector, along with the growth of small businesses are identified as considerable developments. This has been accompanied by a decline in trade union recognition and membership. A range of non-standard patterns of employment are also presented. Such patterns include an increased reliance on contract labour, greater levels of self-employment and a growth in part-time, temporary, flexible and shift working arrangements. The substantial influx of migrant labour in recent years is noted. Furthermore, it is shown that there has been a shift in societal expectations relating to health and safety at work and a growing appreciation of occupational health issues, since the introduction of the Health and Safety at Work etc. Act 1974. A range of potential further changes are identified, including an increasingly ageing workforce and the influence of globalisation. These changes are proposed as further challenges to worker involvement in safety and health.

In consideration of the various socio-economic changes, the HSE has supported initiatives, such as the Workers Safety Advisor (WSA) programme, to encourage worker involvement, particularly in small businesses with no trade union recognition. The HSE has also produced guidance to support worker involvement practices, in consideration of non-standard patterns of employment. However, Chapter 5 shows that the existing legislative framework has not changed and that legal requirements have become somewhat outdated, in consideration of changes to the world of work. Suggestions are presented in this Chapter, in terms of how worker involvement practices can be tailored to be more relevant to the changing world of work.

Chapter 6 considers the objective to *review a number of successful worker involvement in safety and health practices from other countries, to identify where lessons for the UK can be learnt.* The role of the International Labour Organization (ILO) in developing international requirements for worker involvement is addressed. It is shown that worker involvement has long been a feature of international labour standards and is a critical component of C155, the primary labour standard relating to health and safety at work. The Chapter evaluates successful practices for worker involvement in a number of jurisdictions, in order to identify initiatives which might be successfully implemented in

the UK. Worker involvement practices are analysed elsewhere in the European Union, as well as in Scandinavia, Canada, Australia and New Zealand. Although worker involvement practices have been successful in other countries, due to cultural variations, it is noted that they may not experience similar success if implemented in the UK.

The next objective is to *discuss how an organisational culture can be developed to support worker involvement in safety and health.* Chapter 3 of the research identifies that a number of limiting factors affecting worker involvement in safety and health are linked to organisational requirements. Chapter 7 emphasises the need to have an organisational culture to support worker involvement practices. The concept of safety culture is discussed, before moving on to identify how an organisational safety culture can be developed founded on worker involvement. In order to promote a worker involvement culture, it is evident that a need for management commitment and control exists. This commitment should be supported by appropriate levels of competency and communication. Chapter 7 illustrates the correlation between the behavioural approach to health and safety management and the management of worker involvement in safety and health. It is demonstrated that worker involvement is an integral component of effective behavioural strategies and that the key tenants of behavioural safety are very similar to the critical success factors for promoting effective worker involvement in safety and health.

Chapter 8 deals with the objective to *analyse how worker involvement in safety and health can be implemented in practice.* This Chapter discusses a number of mechanisms for involving workers in health and safety matters, in line with the spectrum of worker involvement in safety and health, established in Chapter 2. A range of factors necessary to facilitate the effective implementation of worker involvement practices are also addressed in the Chapter. In relation to the provision of information, it is suggested that the development of an information management system is necessary to ensure that information can be stored, accessed and archived in a coherent fashion. The mechanisms evaluated for facilitating consultation, include safety and representatives and the establishment of a health and safety committee. The discussion on participation provides

a range of practical examples of how workers can actively contribute to the development, implementation and maintenance of an occupational health and safety management system. The implementation of codetermination considers the formation and operation of works councils. Finally, the concept of self management is illustrated in practice by an evaluation of self managed teams. Overall, this Chapter helps to provide a practical perspective, in comparison to the legal analysis and conceptual forms of worker involvement presented in earlier Chapters.

The objective to *determine how a systematic approach to the management of worker involvement in safety and health can be developed* is addressed in Chapter 9. This Chapter represents a key component of the research by presenting the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System. This voluntary model of best practice is aimed primarily at organisations in the major hazard industries, for integration with an existing occupational health and safety management system. The Chapter recommends a procedural approach to ensure that sufficient control is exercised over worker involvement interventions. This approach is aligned to an internationally recognised health and safety management system developed by the British Standards Institution (BSI).

The final objective of the research is to *propose developments in legislation and guidance in the UK, relating to worker involvement in safety and health.* This objective is met through the discussion presented in Chapter 10. Proposed developments in legislation and guidance focus on three areas, linked to the hypothesis presented in the introduction. These include developments in UK legislation and guidance that promote; stronger forms of worker involvement in safety and health, applicable to the modern world of work, and a systematic approach to the management of worker involvement in safety and health. The Chapter proposes developments in legislation, along with consideration of a softer approach, including new guidance and initiatives to encourage greater worker involvement in safety and health. Ideal legislative changes are presented, with further options for development, should the primary proposals be regarded as unrealistic. This

approach ensures that the proposals are pragmatic, in consideration of the UK governments' previous reluctance to bring about radical changes in existing provisions.

In conclusion, the aim of the research has been satisfied through meeting the objectives detailed above. These objectives are addressed in detail in the foregoing Chapters, Subsequent discussion in this Chapter identifies a number of areas where further research may be of interest. At this stage, it is important to revisit the hypothesis presented in the introduction, to determine whether it has been proved or disproved in consideration of the research findings. This section also provides further corroboration of the proposed developments in legislation and guidance presented in the previous Chapter.

## 11.2 Revisiting the Hypothesis

The introduction to the thesis proposes the following hypothesis, with respect to the management of worker involvement in safety and health:

> For worker involvement in safety and health to generate a positive impact on organisational health and safety performance, legislation and guidance in the UK, relating to worker involvement in safety and health, must be developed that encourages *stronger forms* of worker involvement in safety relevant to the *modern world of work*, and a *systematic approach* to the management of worker involvement in safety and health.

In order to ascertain the extent to which this hypothesis is proven or not, three important factors in the hypothesis are now explored in detail, in consideration of the findings of the research. In particular, it is determined whether; 1) stronger forms of worker involvement generate a positive impact on organisational health and safety performance, 2) worker involvement in safety and health practices need to be relevant to the modern world of work to promote a positive impact on organisational health and safety performance, and; 3) a systematic approach to managing worker involvement in safety

and health is needed to promote a positive impact on organisational health and safety performance.

### *11.2.1 Do Stronger Forms of Worker Involvement in Safety and Health Generate a Positive Impact on Organisational Health and Safety Performance?*

Chapter 3 of the research project identifies a variety of benefits associated with the implementation of worker involvement in safety and health practices. It is shown that worker involvement can contribute to improvements in health and safety performance by helping to reduce the number of work-related accidents and ill health. However, there are a number of important questions to be answered, before the assertion that stronger forms of worker involvement bring about a profound influence on organisational health and safety performance can be supported unequivocally. Firstly, existing literature recognises that there is a challenge in identifying the extent of improvements in occupational health and safety performance that are generated exclusively by worker involvement in safety and health interventions. This is primarily due to the fact that so many variables have the potential to influence health and safety standards in an organisation, including management commitment, supervision and training. The wide range of factors influencing organisational health and safety performance make it difficult to say with confidence that worker involvement practices are solely responsible for these improvements.

Furthermore, the analysis presented in Chapter 3 illustrates the difficulty in specifying the quantitative impact of worker involvement practices upon organisational health and safety performance. Worker involvement is shown as a way of generating qualitative improvements in standards of workplace health, safety and welfare, including improvements in employee loyalty and job satisfaction. However, the problem of objectively assessing the impact of worker involvement in safety and health is recognised, in terms of establishing a direct correlation between worker involvement interventions and reductions in work related accidents and ill health. The difficulty in determining the precise contribution that worker involvement makes to improvements in

health and safety performance is linked to the previous issue, concerning the multitude of factors which influence organisational health and safety performance. This lack of reliable quantitative data creates a significant barrier, as organisations may be reluctant to invest in worker involvement initiatives until they see valid data demonstrating the quantitative improvements that worker involvement can have on organisational health and safety performance.

The majority of research discussed in Chapter 3 supports the view that worker involvement in safety and health practices are important in supporting and developing the organisational safety culture. This can in turn foster an environment with lower levels of accidents and ill health. This view is shared by the HSE, as evidenced by a large range of their publications and research reports. As previously discussed, in consideration of the range of factors that can impact health and safety performance, it is difficult to determine the precise quantitative impact of health and safety interventions. Notwithstanding, further research studies that aim to control other factors, whilst experimenting with worker involvement interventions over a suitable period of time, would help to provide further justification of the benefits of worker involvement in safety and health. The need for further research is discussed in a subsequent section of this Chapter.

An additional problem identified in Chapter 3 is the challenge in determining the extent to which stronger forms of worker involvement in safety and health are more effective in influencing organisational health and safety performance compared to weaker forms of involvement. This limitation is linked to the recognition that insufficient reliable evidence exists relating to the impact of stronger forms of worker involvement (participation, co-determination and self management) on organisational health and safety performance. Chapter 3 of the research shows that a body of published literature demonstrates the benefits of stronger forms of worker involvement in other organisational disciplines, including quality management. From this evidence it can be suggested that similar benefits will be evident, if these worker involvement practices are incorporated into the field of health and safety management.

In summary, the assertion that stronger forms of worker involvement generate a positive impact on organisational health and safety performance can be partially supported. The findings presented in Chapter 3 of the research identify that stronger forms of worker involvement have been associated with significant improvements in health and safety performance. Furthermore, Chapter 6 shows that some countries that have implemented stronger forms of worker involvement have experienced considerable improvements in health and safety performance. It can therefore be deduced that stronger forms of worker involvement (participation, co-determination and self management) have the potential to generate a more profound influence on organisational health and safety performance, than weaker forms of involvement (information and consultation). This supports the proposals presented in Chapter 10 of the research, that developments are needed in legislation and guidance to promote the implementation of stronger forms of worker involvement in safety and health.

### *11.2.2 Do Worker Involvement in Safety and Health Practices Need to be Relevant to the Modern World of Work to Generate a Positive Impact on Organisational Health and Safety Performance?*

Chapter 5 of the research presents discussion on the importance of worker involvement in safety being relevant to the modern world of work. The prevailing opinion in existing published literature, as shown in Chapter 5, is that for worker involvement in safety and health practices to support improvements in organisational health and safety performance, these practices must be relevant to the modern world of work. It is inherently difficult for worker involvement practices to generate positive results unless practices are tailored towards the prevailing employment conditions. Chapter 5 identifies a number of changes in the world of work, including contractorisation, self employment and the growth of migrant labour. To illustrate the importance of worker involvement practices being applicable to the modern world of work, it is worthwhile considering the example of contractorisation. If the vast majority of a workforce is made up of contract labour and worker involvement mechanisms do not facilitate effective involvement from these individuals, it is unlikely that worker involvement practices will have a positive

impact on organisation health and safety performance. It can therefore be stated with a level of certainty, that worker involvement in safety and health must be relevant to the modern world of work to promote improvements in organisational health and safety performance.

Furthermore, the research project identifies some of the positive results that can be achieved when worker involvement practices are tailored to address specific employment conditions. For example, the Workers Safety Advisor (WSA) pilot in the UK illustrates the gains that can be yielded when worker involvement is tailored to address the requirements of small businesses. From an international perspective, the success of the Roving Safety Representatives (RSR) programme in Sweden is further evidence of the benefits of adjusting worker involvement practices to suit local conditions. When these practices are supported by legislative requirements, as in the case of Sweden, even greater potential exists for a positive impact on organisational health and safety performance. Overall, this evidence supports the argument that worker involvement practices must be relevant to the world of work.

The research shows that the world of work is in a constant state of flux and that emerging factors, including the growth of globalisation, may introduce further challenges for the management of worker involvement in safety and health. However, the core legislative framework in the UK relating to worker involvement in safety and health has remained largely unchanged in recent years. In particular, the Health and Safety at Work Act etc., 1974, was placed on the statute books over 35 years ago. Although recent reports, including the Young Report, have suggested that the framework established the Health and Safety at Work etc. Act 1974 is still relevant to the modern world of work, it is submitted that the legislative provisions relating to worker involvement are outdated. The research also demonstrates that the UK Government has been reluctant to introduce new legislation in this area. However, despite the fact that legislative provisions have not significantly changed, the argument presented in the research that worker involvement practice must be relevant to the modern world of work supports the viewpoint presented in Chapter 10 that legislative developments are needed in this area.

### *11.2.3 Does a Systematic Approach to Managing Worker Involvement in Safety and Health Generate a Positive Impact on Organisational Health and Safety Performance?*

One of main contributions to knowledge established by the research is the procedural model for managing worker involvement in safety and health presented in Chapter 9. The rational for this model is founded on an argument that historically a systematic approach had not been adopted towards the management of worker involvement in safety and health. The review of legislation and guidance in the UK, relating to worker involvement in safety and health, indicates a haphazard, ad-hoc approach to managing worker involvement. This is evident from the fact that there is little reference to establishing policies, procedures or any other management arrangements, to ensure that worker involvement practices are effectively developed, implemented, maintained and reviewed. However, it is important to question whether the research has established that a systems approach to managing worker involvement in safety and health is liable to generate improvements in organisational health and safety performance?

Chapter 9 indicates that management systems have developed in popularity in recent years, particularly in the fields of quality, environmental and safety management. Evidence is also provided showing the impact that health and safety management systems have had upon organisational health and safety performance. It therefore seems plausible, that a management system approach for worker involvement has the potential to generate improvements in organisational health and safety performance. A further research project might test this assertion by introducing the procedural model for managing worker involvement in safety and health in a number of organisations, to evaluate its impact on health and safety performance. These findings therefore support the argument in the previous Chapter, that legislation and guidance is required to support a systematic approach to the management of worker involvement in safety and health.

Overall, the findings of the research partially support the hypothesis presented in the introduction. Evidence is presented that indicates stronger forms of worker involvement

do promote profound improvements in organisational health and safety performance. Furthermore, it can be stated unequivocally that legislation and guidance relating to worker involvement in safety and health must be relevant and applicable to the modern world of work, in order to promote further improvements in organisational health and safety performance. These findings corroborate the need for developments in legislation and guidance, detailed in Chapter 10. However, the research project has brought to light a number of areas where further research would be beneficial. Such research may be able to further validate the hypothesis.

### *11.2.4 Identifying the Need for Further Research*

The most significant barrier to the implementation of worker involvement in safety and health, as identified in the research, is that insufficient evidence exists on the quantitative impact of worker involvement practices on organisational health and safety performance. Many of the case studies discussed in the research identify qualitative improvements, such as improved motivation, greater job satisfaction and improved industrial relations. However, there is a lack of reliable evidence measuring its impact on health and safety performance. The effectiveness of the different forms of worker involvement in safety and health identified in Chapter 2 have received little investigation in existing literature and the range of articles discussing effectiveness is very narrow. Furthermore, where research evidence does exist in relation to the effectiveness of worker involvement in safety and health, it tends to focus on the performance of health and safety committees, with other forms of worker involvement in safety and health receiving relatively little attention.

The majority of published literature on worker involvement in safety and health in the UK relates to the impact of consultative provisions on health and safety performance. This is due to the understanding that the existing legal framework in the UK, relating to worker involvement in safety and health, is founded on consultation. A need exists therefore, to undertake further research to determine whether stronger forms of worker involvement do have a greater impact on health and safety performance, in comparison to

weaker forms of involvement. This would involve introducing stronger forms of worker involvement into similar organisations and industries, over a period of time. This approach would provide a representative viewpoint as to whether stronger forms of involvement are more effective in influencing organisational health and safety performance.

It is suggested that further research in this area focuses on the impact of worker participation on organisational health and safety performance. As previously recognised, the UK legislative framework is presently skewed towards consultative provisions. Considering the potential impact of participative arrangements on organisational health and safety performance represents a logical progression, in line with the spectrum of worker involvement, presented in Chapter 2 of the research. Examples are provided in the research of how workers can participate in the development, implementation and maintenance of a health and safety management system. If reliable quantitative evidence could be established showing a positive influence on health and safety performance from worker participation, it would help to provide a stronger basis for the arguments presented in the thesis. Undertaking this type of research presents a challenge due to the number of variables, aside from worker involvement, that have the potential to influence health and safety performance. The problem of attempting to control other variables has to be addressed, whilst implementing worker participation practices over a suitable period of time, in order to determine the impact of these practices.

Additional research may be necessary to support the argument that a systematic approach to the management of worker involvement in safety and health is required. Although the thesis identifies the potential of a systems approach, there still remains a need for reliable quantitative data on its associated benefits. Further research would involve the introduction of the Worker Involvement in Safety and Health (WISH$^{TM}$) Management System, detailed in Chapter 9, into a number of organisations over a period of time. From this study, it would be possible to determine whether the systematic approach to worker involvement in safety and health is a capable of generating improvements in organisational health and safety performance.

Overall, the research project has been conducted without any major obstacles, which may have hampered the work. Although it is identified that there is a lack of literature and research in some areas, in general terms, no concerns are expressed with regards to the quantity of existing literature relating to worker involvement in safety and health. Throughout the research period, the topic of worker involvement has remained a high priority on the agenda of the HSE. Numerous research reports and guidance have appeared, each of which have contributed to the line of thought, that has evolved throughout the project. It is also interesting to note, that despite the amount of literature emerging, primarily from the HSE, there has been no noticeable shift in the strategy of the British Government in this area. Although the research has shown that legislative developments have taken place in other jurisdictions, the UK has continued to advocate a largely deregulatory approach to health and safety legislation and subsequently legislation relating to worker involvement in safety and health. Although there have been no significant legal developments in this area, a raft of guidance notes have been published. It seems that the UK Government remains conscious of the need to reduce perceived regulatory burdens on British businesses, making legal developments in this area unlikely, at the current time, unless driven by our membership of the European Union.

## 11.3 Closing Comments

The introduction of the Health and Safety at Work etc. Act 1974 has brought about notable improvements in the number of work related accidents and cases of occupational ill health. However, recent statistics illustrate that a plateau has been reached, particularly in terms of the number of workplace accidents in the UK. Faced with this situation, organisations are forced to innovate in order to bring about further improvements in performance. Worker involvement in safety and health is projected as one of the tools for generating these improvements. The thesis presents a review of legislation and management arrangements relating to worker involvement in safety and health. The findings of the research show that the introduction of stronger forms of worker involvement, relevant to the modern world of work and a systematic approach to

the management or worker involvement in safety and health could be an appropriate strategy for generating improvements in organisational health and safety performance.

The review of legislation and guidance conducted during the research, identifies numerous deficiencies in provisions relating to the law and management of worker involvement in safety and health. These deficiencies relate to an antiquated legislative framework that focuses on consultative requirements and an uncoordinated and ad hoc approach to the management of worker involvement in safety and health. The Health and Safety at Work etc. Act 1974 established a proportionate and risk based approach to health and safety, that has helped to reduce work related accidents and ill health significantly. However, the framework established by the Health and Safety at Work Act 1974 and supporting legislation, has never achieved the quality of worker involvement that is required to bring about further improvements in health and safety performance, in the modern industrial world. Strategies have to adapt to deal with new challenges and these methods should be founded upon the principles of successful health and safety management. It is for this reason that the model of worker involvement in safety and health presented in the research is aligned to the elements of an internationally recognised health and safety management system.

The management model proposed in the research is put forward to address existing deficiencies in legislation and guidance, relating to worker involvement in safety and health. Although the model has the potential to be developed into a statutory requirement for managing worker involvement in safety and health, it is more likely to be adopted in the form of guidance for those organisations looking to align the management of worker involvement in safety and health with their existing occupational health and safety management system. The model is also more suited to the major hazard industries, which are more likely to possess the level of maturity within their existing safety culture necessary to effectively implement its requirements. The research identifies the successes of management systems across a broad range of organisational disciplines, therefore the belief that the model could establish a framework for promoting the effective management of worker involvement safety and health is sound. It is now down

to the government and industry to decide whether this approach is considered as the missing piece of the jigsaw in promoting a more organised and systematic approach to the management of worker involvement in safety and health.

Despite the HSE's opinion that worker involvement plays a critical role in effective health and safety management, the research shows that existing legislative requirements in the UK do not provide a suitable framework for satisfying this vision. The existing balance between legislation and guidance is presently not correct. It appears that the pressure exerted from the UK Government to reduce the regulatory burden on business, has resulted in the HSE adopting an overly cautious approach to promoting legal developments in this area. The project has established that in line with this deregulatory approach, there has been on increased focus on voluntary practice, with the HSE publishing a wealth of guidance on worker involvement in safety and health. However, to realise the potential of worker involvement in improving organisational health and safety performance, there should be developments in existing legal requirements. Relying on the voluntary approach is not enough. Furthermore, the revised legislative framework needs to be consistently enforced, to ensure that organisations understand the importance of worker involvement in safety and health, alongside other health and safety requirements.

An amended legal framework alone will not foster the necessary developments in organisational culture needed to engender effective worker involvement. The onus rests heavily on management to implement the systems needed to promote and maintain worker involvement. Health and safety management should be a collaborative effort between management, employees and other stakeholders impacted by health and safety issues. However, at a practical level, the difficulty is often in convincing management that there is a business case for involving workers in health and safety decision making. The more enlightened organisations are those that recognise that worker involvement must be embraced in order to promote improvements in organisational health and safety performance. Involvement leads to ownership, which in turn acts as a motivating factor to work safely. Once the workforce genuinely feels a part of the organisation then

individual and organisational goals begin to align and the development of a positive health and safety culture progresses from an ideal into reality.

## REFERENCES


Advisory Committee on the Safety of Nuclear Installations (ACSNI), *Study Group on Human Factors* (Third Report, Organising for Safety, London, HMSO, 1993)

Advisory, Conciliation and Arbitration Service (ACAS), *Employee Communications and Consultation* (Ref B06, 2009)

Alexander D, *Towards the Development of a Standard in Emergency Planning* (2005) Disaster Prevention and Management 14 (2) 158

Allen J and Massey D, *The Economy in Question* (Sage Publications, 1996)

Alphen N van, *Worker Participation Structures* (in R Spear and H Voets (eds), *Success and Enterprise: The Significance of Employee Ownership and Participation*, Aldershot, Avebury, 1995)

Alston P, *Core Labour Standards and the Transformation of the International Labour Right Regime* (2004) European Journal of International Law 15 (3) 457

Anderman S, *Labour Law - Management Decisions and Workers' Rights* (Butterworths, London, 1993)

Andrews R, *Environmental Regulation and Business 'Self-Regulation'* (1998) Policy Sciences 31 (3) 177

Andriessen J, *Safe Behaviour and Safety Motivation* (1978) Journal of Occupational Accidents 1 363

Antonsen S, *Safety Culture: Theory, Method and Improvement* (Ashgate Publishing Limited, 2009)

Antonsson AB, Birgersdotter L and Bornberger-Dankvardt S, *Small Enterprises in Sweden: Health and Safety and the Significance of Intermediaries in Preventative Health and Safety* (Arbetslivinstitutet, Stockholm, 2002)

Ashton TS, *The Industrial Revolution 1760-1830* (Oxford University Press, 2nd Edition, 1997)

Barrett B and Howells R, *Occupational Health and Safety Law* (Pitman Publishing, London, 1997)

Barret C, *Trade Union Membership 2008* (National Statistics Publication, Department for Business, Enterprise and Regulatory Reform, April 2009)

Bartram S and Gibson B, *Training Needs Analysis: A Resource for Identifying Training Needs, Selecting Training Strategies and Developing Training Plans* (Gower Publishing Ltd, 2nd Revised Edition, 1997)

Beaumont PB and Leopold JW, *A Failure of Voluntarism: The Case of Health and Safety Committees in Britain* (1982) New Zealand Journal of Industrial Relations 7 61

— — Coyle J and Leopold J, *The Determinants of Effective Health and Safety Committees* (1982) Management Research News 5 (1) 1

Bee R and Bee F, *Learning Needs Analysis and Evaluation* (Chartered Institute of Personnel and Development, 2nd Edition, 2003)

Berlanstein L, *The Industrial Revolution and Work in Nineteenth-Century Europe* (Routledge, London, 1992)

Bhagwati J, *In Defence of Globalization* (Oxford University Press, New York, 2004)

Biagi M, *From Conflict to Participation in Safety: Industrial Relations and the Working Environment in Europe* (1990) The International Journal of Comparative Labour Law and Industrial Relations 6 (2) 67

Biggins DR and Phillips M, *A Survey of Health and Safety Representatives in Queensland Part 1: Activities, Issues, Information Sources* (1991) Journal of Occupational Health and Safety – Australia and New Zealand 7 (3) 195

— — and Farr TH, *Occupational Health and Democratisation of Work. Part 2: Challenges for Unions* (1988) The Journal of Occupational Health and Safety – Australia and New Zealand 4 (4) 307

Bird F and Loftus R, *Loss Control Management* (International Loss Control Institute, 1976)

Bloom M and Menefee K, *Scenario Planning and Contingency Planning* (1994) Public Productivity and Management Review 17 (3) 223

Bohle P and Quinlan M, *Managing Occupational Health and Safety* (MacMillan, Sydney, 1993)

Boockmann B, *Domestic Political Determinants of Treaty Ratification: The Acceptance of ILO Conventions by Industrialised Countries* (Centre for European Economic Research, ZEW, 2001)

Bowers J and Honeyball S, *Labour Law* (Blackstone Press, 4th Edition, London, 1996)

Brennan M, *Mismanagement and Quality Circles: How Middle Managers Influence Direct Participation* (1991) Employee Relations 13 (5) 22

British Standards Institution, *BS OHSAS 18001: Occupational Health and Safety Management Systems – Requirements* (British Standards Institution, London, 2007)

Brown G, *Genuine Worker Participation – An Indispensable Key to Effective Global OHS* (2009) Environmental and Occupational Health Policy 19 (3) 320

Brown R, *Canadian Occupational Health and Safety Legislation* (Osgoode Hall Journal, 20, 1982)

Brulin G, *Sweden: Joint Councils Under Strong Unionism* (University of Chicago Press, January 1995)

Budd J, Gollan P and Wilkinson A, *New Approaches to Employee Voice and Participation in Organizations* (2010) Human Relations 63 (3) 303

Bust P, Gibb A and Pink S, *Managing Construction Health and Safety: Migrant Workers and Communicating Safety Messages* (2008) Safety Science 46 (4) 590

Calavita K, *Worker Safety, Law and Social Change: The Italian Case* (1986) Law and Society Review 20 (2) 189

Carley M, Baradel A and Welz C, *Works Councils, Workplace Representation and Participation Structures* (European Foundation for the Improvement of Living and Working Conditions, 2003)

Cass EL and Zimmer FG, *Man and Work in Society* (Van Nostrand-Reinhold Company, New York, 1975)

Coffey V, *Understanding Organisational Culture in the Construction Industry* (Spon Press, 2010)

Cohen H and Cleveland R, Safety Program Practices in Record-Holding Plants (1983) Professional Safety 26

Cole GA, *Organisations as Systems* (Management Theory and Practice, 5th Edition, Letts Educational, London, 1996)

Collinson D, *Surviving the Rigs: Safety and Surveillance on North Sea Oil Installations* (1999) Organization Studies 20 (4) 579

Cooke W and Gautchi FH, *Plant Safety Programs and Injury Reduction* (1981) OSHA Industrial Relations 20 (3) 245

Cooper MD and Phillips RA, *Exploratory Analysis of the Safety Climate and Safety Behaviour Relationship* (2004) Journal of Safety Research 35 (5) 497

— — *Reducing Accidents Using Goal Setting and Feedback : A Field Study* (1994) Journal of Occupational and Organizational Psychology 67 (3) 219

Cotton JL, *Employee Involvement* (1996) International Review of Industrial and Organisational Psychology 11 219

Cox S and Flin R, *Safety Culture: Philosophers Stone or Man of Straw* (1998) Work & Stress 12 (3) 189

Creighton WB, *The Bullock Report: The Coming of the Age of Democracy* (1977) British Journal of Law and Society 4 (1) 1

Curry A, *The Intranet – An Intrinsic Component of Strategic Information Management* (2000) International Journal of Information Management 20 (4) 240

Cusumano MA, *The Japanese Automobile Industry: Technology and Management at Nissan and Toyota* (Harvard University Press, 1985)

Dale BG, *Quality Circles – Are they Working in British Factories* (1984) Long Range Planning 17 (6) 50

— — and Hayward SG, *Some of the Reasons for Quality Circle Failure: Part 1* (1993) Leadership and Organisational Development Journal 5 (1) 11

Daniels A and Rosen T, *Performance Management: Changing Behaviour that Drives Organisational Effectiveness* (Performance Management Publishers, 2004)

Davies P and Freedland M, *Labour Legislation and Public Policy* (Open University Press, Oxford, 1999)

— — and Kilpatrick C, *UK Worker Representation after Single Channel* (1994) International Law Journal 33 (2)

Dekker S, *Just Culture: Balancing Safety and Accountability* (Ashgate Publishing Limited, 2007)

Department for Business Enterprise and Regulatory Reform, *Agency Working in the UK: A Review of the Evidence* (Employment Relations Research Series, No.93, 2008)

Deutsch S, *Work Environment Reform and Industrial Democracy* (Sociology of Work and Occupations, 8, 1981)

Dickety N, *Literature Review of Health and Safety Findings Relevant to Small Firms. Consultation Draft* (Health and Safety Laboratory, HSL Report RAS/05/02, 2005)

Disney R, *What has Happened to Union Recognition in Britain?* (Centre of Economic Performance, LSE, Discussion Paper 130, 1993)

Dolgoff S, *The Anarchist Collectives: Workers' Self management in the Spanish Revolution, 1936-1939* (Black Rose Books, Montreal-New York, 1996)

Donald I and Canter D, *Employee Attitudes and Safety in the Chemical Industry* (1994) Journal of Loss Prevention in the Process Industries 7 (3) 203

Drew C and Sriskandarajah D, *EU Enlargement in 2007: No Warm Welcome for Labor Migrants* (Institute for Public Policy Research, 2007)

Drucker P, *The Practice of Management* (Collins, 1993)

Du Prey R, *Assessing the Effectiveness of an Occupational Safety Program in an Automotive Manufacturing Plant Machine Shop in the Midwest* (PhD Thesis, Capella University, USA, 2002)

Eckenfelder D, *Behavior Based Safety: A Model Poisoned by the Past; Based on Obsolete Thinking, Behavior Based Safety* (2004) Risk and Insurance 15 (12) 65

Estrin S, *Self management: Economic Theory and Yugoslav Practice* (Cambridge University Press, 1983)

European Industrial Relations Observatory, *Board-Level Representation in Europe* (Observer Supplement, Dublin, 1998)

Evans E, *The Forging of the Modern State: Early Industrial Britain 1783-1870* (Pearson Education Limited, 3rd Edition, 2001)

Fitzroy F and Kraft K, *Co-determination, Efficiency and Productivity* (2005) British Journal of Industrial Relations 43 (2) 233

Fenton-O'Creevy M, *Employee Involvement and the Middle Manager: Saboteur or Scapegoat?* (2001) Human Resource Management Journal 11 (1) 24

Fleming M and Lardner R, *Behaviour Modification Programmes; Establishing Best Practice* (HSE Books, 2000)

— — *Safety Culture Maturity Model* (HSE Books, Offshore Technology Report, 2001)

— — *Supervisors' Management of Safety* (Paper presented at joint industry/HSE OSD conference on *Understanding Human Factors in the Oil and Gas Industry*, Great Yarmouth, UK, October 1997)

Fox A, *Beyond Contract: Work, Power and Trust Relations* (Faber, London, 1974)

Fraser D, *The Evolution of the British Welfare State: A History of Social Policy Since the Industrial Revolution* (Palgrave MacMillan, 4th Edition, 2009)

Fredrick J, *The United Steelworkers of America's Perspective on Behavioural Safety* (Remarks to the National Safety Council, Los Angeles, 2008)

Freeman B and Lazear P, *An Economic Analysis of Works Councils* (in J Rogers and W Streeck, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)

Frick B, *Co-determination and Personnel Turnover* (2007) Labour 10 (2) 407

Frick K and Stostrom J, *Factors Influencing Worker and Safety Rep Participation – How to Understand the OHS Participation Process* (NIWL, Stockholm, 2004)

— — Jensen PL, Quinlan M and Wilthagen T, *Systematic Occupational Health and Safety Management – Perspectives on an International Development* (Oxford, Pergamon, 2000)

— — *Worker Influence on Voluntary OHS Management Systems – A Review of its Ends and Means* (2011) Safety Science 49 (7) 974

— — and Walters D, *Worker Representation on Health and Safety in Small Enterprises: Lessons from a Swedish Approach* (1998) International Labour Review 137 (3) 367

Friedholm G, *The United Kingdom and European Union Labour Policy: Inevitable Participation and Social Chapter Opportunity* (1999) International and Comparative Law 22 (1) 229

Fuller CW, *An Employee Management Consensus Approach to Continuous Improvement in Safety Management* (1999) Employee Relation 21 (4) 405

Gaines J and Biggins DR, *A Survey of Health and Safety Representatives in the Northern Territory* (1992) Journal of Occupational Health and Safety – Australia and New Zealand 8 (5) 421

Gill J and Johnson P, *Research Methods for Managers* (SAGE Publications, 2002)

Glendon AI and McKenna EF, *Human Safety and Risk Management* (Chapman and Hall, London, 1995)

Goodman P, *Assessing Organisational Change: The Rushton Quality of Work Experiment* (New York, John Riley and Sons, 1979)

— —, *Groups and Productivity: Analysing the Effectiveness of Self-Managing Teams* (in Productivity and Organisations: New Perspectives from Industrial and Organisation Psychology, Jossey Bass, San Francisco, 1988)

Grawitch MJ, *Leading the Healthy Workforce: The Integral Role of Employee Involvement* (2009) Consulting Psychology Journal: Practice and Research 61 (2) 122

Gruman J, *Performance Management and Employee Engagement* (2011) Human Resource Management Review 21 (2) 123

Grunberg L, *The Effects of the Social Relations on Production and Productivity and Workers' Safety* (1995) International Journal of Health Services 13 (4) 621

Gunningham N and Rees J, *Industry Self-Regulation: An Institutional Perspective* (1997) Law and Policy 19 (4) 363

— — *Occupational Health and Safety, Worker Participation and the Mining Industry in a Changing World of Work* (2008) Economic and Industrial Democracy 29 (3) 336

Gustavsen B, *Direct Workers Participation in Work Safety and Health: Scandinavian Strategies and Experiences* (Work and Health in the 1980s, Berlin, WZB, 1985)

Hackman JR, *Tripwires in Designing and Leading Workgroups* (1994) The Occupational Psychologist 23 3

Hall M, *Assessing the Information and Consultation of Employees Regulations* (2005) Industrial Law Journal 34 (2) 103

Ham J, *Report of the Royal Commission on the Health and Safety of Workers in Mines* (Toronto: Government of Ontario, 1976)

Hathaway OA, *Path Dependence in Law: The Course and Pattern of Change in a Common Law System* (2003) John M. Olin Center for Studies in Law, Economics and Public Policy Working Papers, Paper 270, 107

Health and Safety Commission / Department for Environmental Transport and the Regions, *Revitalising Health and Safety: Strategy Statement* (OSCSG, 0390, 2000)

Health and Safety Commission, *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*, (MISC643, C100, 2004)

Health and Safety Commission, *Worker Involvement: Proposals on the Future of the Worker's Safety Advisor Initiative and First Findings from the Consultation Exercise* (HSC/06/88, 2006)

Health and Safety Executive, *An Evaluation of the Five Steps to Risk Assessment* (HSE Books, Research Report 476, 2006)

Health and Safety Executive, *An Evidence Based Evaluation of How Best to Secure Compliance with Health and Safety Law* (HSE Books, Research Report 334, 2005)

Health and Safety Executive, *An Introduction to Health and Safety* (HSE Books, IND 259 rev 1, 2003)

Health and Safety Executive, *An Investigation of Approaches to Worker Engagement* (HSE Books, Research Report 516, 2006)

Health and Safety Executive, *A Review of Consistency of Reference to Risk Management Frameworks in HSE Guidance* (HSE Books, HSL/2007/13, 2007)

Health and Safety Executive, *A Review of Safety Culture and Safety Climate Literature for the Development of a Safety Culture Inspection Toolkit* (HSE Books, Research Report 367, 2005)

Health and Safety Executive, *A Strategy for Workplace Health and Safety* (HSE Books, MISC643, C100 02/04)

Health and Safety Executive, *A Study of the Slip Characteristics of Metal Flooring Materials* (HSE Books, Research Report 534, 2007)

Health and Safety Executive, *Attitudes Towards Health and Safety: A Quantitative Survey of Stakeholder Opinion* (HSE Books, 2004)

Health and Safety Executive, *Behaviour Modification to Improve Safety: Literature Review* (HSE Books, Offshore Technology Report 2000/03, 2000)

Health and Safety Executive, *Business Re-engineering and Health and Safety Management: Literature Survey, Case Studies and Best Practice Model* (HSE Books, Conference Research Reports, 3 Volumes, 123, 124 and 125, 1996)

Health and Safety Executive, *Causal Factors in Construction Accidents* (HSE Books, Research Report 156, 2003)

Health and Safety Executive, *Client/Contractor Relationships in Managing Health and Safety on Projects* (HSE Books, Research Report 462, 2006)

Health and Safety Executive, *Competence Assessment for the Hazardous Industries* (HSE Books, Research Report 86, 2003)

Health and Safety Executive, *Consulting of Employees on Health and Safety* (HSE Books, IND(G) 232, 2002)

Health and Safety Executive, *Consulting Employees on Health and Safety: A Brief Guide to the Law* (HSE Books, INDG232(rev1), 2008)

Health and Safety Executive, *Contractorisation – Aspects of Health and Safety in the Supply Chain* (HSE Books, Research Report 112, 2003)

Health and Safety Executive, *Cultural Influences on Health and Safety Attitudes and Behaviour in Small Businesses* (HSE Books, Research Report 150, 2003)

Health and Safety Executive, *Developing and Maintaining Staff Competence* (HSE Books, HSG 197, 2002)

Health and Safety Executive, *Developing Process Safety Indicators: A Step-by-Step Guide for Chemical and Major Hazard Industries* (HSE Books, HSG 254, 2007)

Health and Safety Executive, *Development of a Multiskilling Life Cycle Model* (HSE Books, Contract Research Report 328, 2001)

Health and Safety Executive, *Director's Responsibilities for Health and Safety* (HSE Books, INDG 343, 2003)

Health and Safety Executive, *Effective Design of Workplace Risk Communications* (HSE Books, Research Report 93, 2003)

Health and Safety Executive, *Employee Consultation and Involvement in Health and Safety* (Discussion Document, 2000)

Health and Safety Executive, *Employee Involvement in Health and Safety: Some Examples of Good Practice* (HSE Books, Health and Safety Laboratory, WPS/00/03, 2003)

Health and Safety Executive, *Establishing Effective Communications and Participation in the Construction Sector* (HSE Books, Contract Research Report 391/2001, 2001)

Health and Safety Executive, *Five Steps to Risk Assessment* (HSE Books, HSG 163, Rev 2, June, 2006)

Health and Safety Executive, *Generating Behaviour Change and Worker Engagement Practices within the Construction Sector* (HSE Books, Research Report 660, 2008)

Health and Safety Executive, *Good Health is Good Business: Employer's Guide* (HSE Books, MISC196, C1000, 1999)

Health and Safety Executive, *Health and Safety Climate Survey Tool* (HSE Books, 1997)

Health and Safety Executive, *Health Risk Management: A Practical Guide to Managers in Small and Medium Sized Enterprises* (HSE Books, HSG137, 1995)

Health and Safety Executive, *Homeworking: Guidance for Employers and Employees on Health and Safety* (HSE Books, C200, INDG 226, 2006)

Health and Safety Executive, *How to Tackle Work-Related Stress* (HSE Books, IDG 430, 2009)

Health and Safety Executive, *Improving Worker Involvement – Improving Health and Safety* (HSE Books, Consultative Document 207, 2006)

Health and Safety Executive, *International Comparison of (a) Techniques Used by State Bodies to Obtain Compliance with Health and Safety Law and Accountability for Administrative and Criminal Offences and (b) Sentences for Criminal Offences* (HSE Books, Research Report 607, 2007)

Health and Safety Executive, *Involving Employees in Health and Safety: Forming Partnerships in the Chemical Industry* (HSE Books, HSG 217, 2001)

Health and Safety Executive, *Involving Your Workforce in Health and Safety* (HSE Books, HSG 263, 2008)

Health and Safety Executive, *Leadership of the Major Hazard Industries: Effective Health and Safety Management* (HSE Books, INDG 277, 2004)

Health and Safety Executive, *Leading Health and Safety at Work* (HSE Books, INDG 417, C700, 2009)

Health and Safety Executive, *Leading Indicators for Assessing Reduction in Risk of Long Latency Diseases* (HSE Books, Research Report 734, 2009)

Health and Safety Executive, *Literature Review on the Reporting of Workplace Injury Trends* (HSE Books, HSL/2005/36, 2005)

Health and Safety Executive, *Literature Review on the Value of Target Setting* (HSE Books, HSL/2005/40, 2005)

Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999: Approved Code of Practice* (HSE Books, L21, 2000)

Health and Safety Executive, *Managing Health and Safety: Five Steps to Success* (HSE Books, INDG 275, 2008)

Health and Safety Executive, *Managing Shift Work* (HSE Books, HSG 256, 2006)

Health and Safety Executive, *Measuring the Effect of Health and Safety Advisors and Roving Safety Representatives in Agriculture* (HSE Books, Research Report 417, 2006)

Health and Safety Executive, *Migrant Workers in England and Wales: An Assessment of Migrant Worker Health and Safety Risks* (HSE Books, Research Report 502, 2006)

Health and Safety Executive, *Obstacles Preventing Worker Involvement in Health and Safety* (HSE Research Report 296, 2005)

Health and Safety Executive, *Optimising Hazard Management by Workforce Engagement and Supervision* (HSE Books, Research Report 637, 2008)

Health and Safety Executive, *Perceptions of the Cost Implications of Health and Safety Failures* (HSE Books, Research Report 403, 2005)

Health and Safety Executive, *Play Your Part! How Offshore Workers Can Help Improve Health and Safety* (HSE Books, INDG 421, 2008)

Health and Safety Executive, *Reducing Error and Influencing Behaviour* (HSE Books, HSG 48, 2009)

Health and Safety Executive, *Review of Hazard Identification Techniques* (HSE Books, HSL/2005/58, 2005)

Health and Safety Executive, *Review of Methods for Demonstrating Redundancy in Dynamic Positioning Systems for the Offshore Industry* (HSE Books, Research Report 195, 2004)

Health and Safety Executive, *Review of the Public Perception of Risk and Stakeholder Engagement* (HSE Books, HSL/2005/16, 2005)

Health and Safety Executive, *Risk Communication: A Guide to Regulatory Practice* (HSE Books, Inter-Departmental Liaison Group on Risk Assessment, 1998)

Health and Safety Executive, *Safety Culture: A Review of the Literature* (HSE Books, HSL/2002/25, 2002)

Health and Safety Executive, *Safety Implications of Self managed Teams* (Offshore Technology Report, OTO, 025, 1999)

Health and Safety Executive, *Securing Health Together* (Strategy Statement, C250, 2000)

Health and Safety Executive, *Shiftwork, Health and Safety: An Overview of the Scientific Literature 1978-1990* (HSE Books, Contract Research Report 31, 1992)

Health and Safety Executive, *Six SME Case Studies that Demonstrate the Business Benefit of Effective Management of Occupational Health and Safety* (HSE Books, Research Report 504, 2006)

Health and Safety Executive, *Strategies to Promote Safe Behaviour as Part of a Health and Safety Management System* (HSE Books, Contract Research Report 430, 2002)

Health and Safety Executive, *Successful Health and Safety Management* (HSE Book, HSG 65, 1997)

Health and Safety Executive, *The Asbestos Survey: Mortality Among Asbestos Workers 1971 – 2005* (HSE Books, Research Report 730, 2009)

Health and Safety Executive, *The Causes of Major Hazard Incidents and How to Improve Risk Control and Health and Safety Management: A Review of the Existing Literature* (HSE Books, HSL/2006/117, 2006)

Health and Safety Executive, *The Costs of Accidents at Work* (HSE Books, HSG 96, 1997)

Health and Safety Executive, *The Health and Safety (First-Aid) Regulations 1981: Approved Code of Practice and Guidance* (HSE Books, L74, 1997)

Health and Safety Executive, *The Health and Safety of Great Britain: Be Part of the Solution*, (HSE Books, HSE Strategy Statement, C100, 2009)

Health and Safety Executive, *The Law on VDUs: An Easy Guide: Making Sure Your Office Complies With the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002)* (HSE Books, HSG90, 2003)

Health and Safety Executive, *The Regulation of Health and Safety in Five European Countries: Denmark, France, Germany, Spain and Italy with a Supplement on Recent Developments in the Netherlands* (HSE Books, HSE Contract Research Report 84, 1996)

Health and Safety Executive, *The Role and Effectiveness of Safety Representatives in Influencing Workplace Health and Safety* (HSE Books, Research Report 363, 2005)

Health and Safety Executive, *The Safety Representatives and Safety Committees Regulations 1977: Approved Code of Practice and Guidance on the Regulations* (HSE Books, L87, 1996)

Health and Safety Executive, *The Worker Safety Adviser (WSA) Pilot* (HSE Books, Contract Research Report 144, 2003)

Health and Safety Executive, *Thirty Years on and Looking Forward: The Development and Future of the Health and Safety System in Great Britain* (HSE Books, C25, 2004)

Health and Safety Executive, *Upper Limb Disorders in the Workplace* (HSE Books, HSG60, 2002)

Health and Safety Executive, *Use of Contractors: A Joint Responsibility* (HSE Books, INDG 388, 2002)

Health and Safety Executive, *Using Soft People Skills to Improve Worker Involvement in Health and Safety* (HSE Books, Research Report 580, 2007)

Health and Safety Executive, *Worker Involvement in Health and Safety: What Works?* (HSE Books, Prepared by the Royal Society for the Prevention of Accidents, 2010)

Health and Safety Executive, *Workforce Participation in the Management of Occupational Safety and Health* (HSE Report, HSL/2005/09, 2004)

Health and Safety Executive, *Working Alone: Health and Safety Guidance on the Risks of Lone Working* (HSE Books, INDG 73(rev2), 2009)

Health and Safety Executive, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268/20, 2000)

Health and Safety Executive, *Worker Participation in Health and Safety: A Review of Australian Provisions for Worker Health and Safety Representation* (HSE Books, 2002)

Health and Safety Executive, *Your Health and Safety: A Guide to Workers* (HSE Books, HSE27(rev1), 2004)

Hechanova-Alampay R and Beehr TA, *Empowerment, Span of Control, and Safety Performance in Work Teams After Workforce Reduction* (2001) Journal of Occupational Health Psychology 6 (4) 275

Heinrich HW, *Industrial Accident Prevention: A Scientific Approach* (McGraw-Hill 4th ed., 1959)

Herzberg F, Mausner B and Snyderman B, *The Motivation to Work* (Transaction Publishers, New Jersey, 1993)

Hidley JH, *Critical Success Factors for Behaviour Based Safety: Avoiding Common Pitfalls and Achieving Real Gains* (Professional Safety, 1998)

Hillage J, B Kersely, Bates P and Rick J, *Workplace Consultation on Health and Safety* (HSE Books, Contract Research Report 268, 2000)

Hollway W, *Work Psychology and Organizational Behaviour: Managing the Individual at Work* (Sage Publications Ltd, London, 1991)

Holt A, *Principles of Health and Safety at Work* (IOSH Publishing, 1997)

Hughes P and Ferrit E, *Introduction to Health and Safety at Work* (Butterworth-Heinemann, Fourth Edition, 2009)

Huzzard T and Ostergren K, *When Norms Collide: Learning Under Organisational Hypocrisy* (2002) British Journal of Management 13 (2) 49

Ichniowski C, *What Works at Work* (1996) Industrial Relations 35 (3) 299

International Labour Organization, *Encyclopaedia of Occupational Health and Safety* (Volume 1, 4th Edition, Section 21, 1998)

International Labour Organization, *Setting up an Employee Suggestion Scheme* (Good Practice Guide, Factory Improvement Programme, 1992)

Jackson MC, *Systems Thinking: Creative Holism for Managers* (John Wiley and Sons Limited, 2003)

James P and Walters D, *Non-Union Rights of Involvement: The Case of Health and Safety at Work*, (1997) Industrial Law Journal 26 (1) 35

— — and D Walters, *Regulating Health and Safety at Work* (Institute of Employment Rights, London, 1999)

Jenkins C and Sherman B, *Collective Bargaining* (Routledge and Kegan Paul, London, 1977)

Jennings D, *Decision Making: An Integrated Approach* (Financial Times, Prentice Hall, 2nd Edition, 1998)

Jensen P, *Assessing Assessment: The Danish Experience of Worker Participation in Risk Assessment* (2002) Economic and Industrial Democracy 23 (2) 210

Johnson JV and Johansson G, *Organization, Democratization and Health* (The Psychosocial Work Environment, Baywood, New York, 1991)

Jonker J and Karapetrovic S, *Systems Thinking for the Integration of Management Systems* (2004) Business Process Management Journal 10 (6) 608

Jorgenson DW and Stiroh KJ, *Information Technology and Growth* (1999) The American Economic Review 89 (2) 109

Jorgensen T and Simonsen G, *Prospects of a Unified Management System* (2002) Corporate Social Responsibility and Environmental Management 9 (2) 91

Karapetrovic S, *Musings on Integrated Management Systems* (2003) Measuring Business Excellence 7 (1) 4

Karnon J, *Use of Information and Communications Technology (IST) and Government Internet Services in SMEs* (HSL Report, ERG/02/03, 2002)

Katsakiora P, Sakellaropoulos G and Manatakis E, *Towards an Evaluation of Accident Investigation Methods in Terms of their Alignment with Accident Causation Models* (2009) Safety Science 47 (7) 1007

Katzell R and Thompson D, *Work Motivation: Theory and Practice* (1990) American Psychologist 45 (2) 144

Katzenbach JR and Smith DK, *The Wisdom of Teams* (Harvard Business School Press, Boston, 1993)

Kellerl T and Dansereaul F, *Leadership and Empowerment: A Social Exchange Perspective* (1995) Human Relations 48 (2) 127

Klaff DB, *Evaluating Work: Enforcing Occupational Health and Safety Standards in the United States, Canada and Sweden* (2005) University of Pennsylvania Journal of Labour and Employment Law 7 (1) 613

Kleiner MM and Lee YM, *Works Councils and Unionization: Lessons from South Korea* (1997) Industrial Relations 36 (1) 1

Knowles DJ, *Measuring the Effect of Health and Safety Advisers and Roving Safety Representatives in Agriculture* (ADAS Consulting Ltd, 2005)

Kochan T and Katz H, *Collective Bargaining and Industrial Relations: From Theory to Policy and Practice* (Irwin, 2nd Edition, 1988)

— — Lee D and Lipsky D, *The Effectiveness of Union-Management Safety and Health Committees* (Kalamazoo, MI, WE, Upjohn Institute for Employment Research, 1977)

Komaki J, *A Rich and Rigorous Examination of Applied Behaviour Analysis Research in the World of Work* (2000) International Review of Industrial and Organisational Psychology 15 265

Koukoulaki T, *New Trends in Work Environment – New Effects on Safety* (2010) Safety Science 48 (8) 936

Krause TR, *Leading With Safety* (Cambridge Centre for Behaviour Studies Hoboken, NJ, Wiley Publishing Company, 2005)

Latham GP, Winters DC and Locke EA, *Cognitive and Motivational Effects of Participation: A Mediator Study* (1994) Journal of Organisational Behaviour 15 (1) 49

Lee T and Harrison K, *Assessing Safety Culture in Nuclear Power Stations* (1998) Safety Science 30 61

Levinson K, *Codetermination in Sweden: From Separation to Integration* (1996) Economic and Industrial Democracy 17 (1) 131

Lewchuck W, Robb A and Walters V, *The Effectiveness of Bill 70 and Joint Health and Safety Committees in Reducing Injuries in the Workplace: The Case of Ontario* (1996) Canadian Public Policy 22 (3) 225

Lewis R and Clark J, *The Bullock Report* (1977) The Modern Law Review 40 (3) 323

Lichbach M and Zuckerman A, *Comparative Politics: Rationality, Culture and Structure* (Cambridge University Press, 1997)

Lindblom L and Hansson SO, *Evaluating Workplace Inspections* (2002) Policy and Practice in Health and Safety 2 (2) 77

Lindsay C and Macaulay C, *Growth in Self-employment in the UK* (Labour Market Division, Office for National Statistics, 2004)

Lippin TM, Eckman A, Calkin CR and McQuiston TH, *Empowerment-Based Health and Safety Training: Evidence of Workplace Change from Four Industrial Sectors* (2000) American Journal of Industrial Medicine 38 (6) 697

Litwin AS, *Trade Unions and Industrial Injury in Great Britain* (LSE, Centre for Economic Performance, 2000)

Loafmann B, *Behaviour Based Safety: Power and Pitfalls* (Professional Safety, 1998)

Locke EA and Schweiger DM, *Participation in Decision-Making: One More Look* in LL Cummings and BM Staw (eds), Research in Organisational Behaviour, Vol 1, Greenwich, CT:JAI, 1979)

Mahoney J, *Path Dependence in Historical Sociology* (2000) Theory and Society 29 (4) 507

Maloney WF, *Employee Involvement, Consultation and Information Sharing in Health and Safety in Construction* (Engineering Physical Science Research Council, Report No. GR/S25494/01, 2003)

Manga P, Broyles R and Reschenthaler G, *Occupational Health and Safety: Issues and Alternatives* (Ottowa, Economic Council of Canada, 1981)

Mangan J, *Worker Without Traditional Employment: An International Study of Non-Standard Work* (Edward Elgar Publishing, 2000)

Marchington M, *Employee Involvement in Britain: Voluntarism and Diversity* (Managing Together? Consultation and Participation in the Workplace, E Davis and R Lansbury (eds) Longman Cheshire, Melbourne, 1996)

Marginson P, M Hall and A Hoffman, *The Impact of European Works Councils on Management Decision-Making in UK and US-Based Multinationals: A Case Study Comparison* (2004) British Journal of Industrial Relations 42 (2) 209

Martins EC and Terblanche F, *Building Organisational Culture that Stimulates Creativity and Innovation* (2003) European Journal of Innovation Management 6 (1) 64

Marx K and Engels F, The Communist Manifesto (Penguin Classics, January 1998)

Mathias P, *The First Industrial Nation: An Economic History of Britain 1700-1914* (Routledge, 2nd Edition, 2001)

Matias J and Coelho DA, *The Integration of the Standards of Quality Management, Environmental Management and Occupational Health and Safety Management* (2002) International Journal of Production Research 40 (15) 3857

McAfee RB and Winn AR, *The Use of Incentives/Feedback to Enhance Work Place Safety: A Critique of the Literature* (1989) Journal of Safety Research 20 (1) 7

McConville M and Wing HC, *Research Methods for Law* (Edinburgh University Press, 2007)

McDonald N and Hrymak V, *Safety Behaviour in the Construction Sector* (HAS/HSE Northern Ireland, 2000)

McNurlin B and Sprague R, *Information Systems Management in Practice* (Prentice Hall, 2001)

McOrmond T, *Changes in Working Trends Over the Past Decade* (Labour Market Division, Office for National Statistics, January 2004)

Miller KI and Monge PR, *Participation, Satisfaction and Productivity: A Met-Analytical Review* (1986) Academy of Management Journal 29 (4) 727

Miller D, *Strategy Marking and Structure: Analysis and Implications for Performance* (1987) Academy of Management Journal 30 (1) 7

Minkin L, *The Contentious Alliance: Trade Unions and the Labour Party* (Edinburgh University Press, 1991)

Mossink J and Licher F (eds), *Costs and Benefits of Occupational Safety and Health* (Conference Proceedings, The Hague, Amsterdam, NIA-TNO 28-30 May 1997)

Mylett T and Markey R, *Worker Participation in OHS in New South Wales (Australia) and New Zealand: Method and Implications* (Employment Relation Record, 2007)

Nelson E, *The Pathway to a Zero-Injury Safety Culture* (Nelson Consulting Inc., 2005)

Nielsen R and Szyszczak E, *The Social Dimension of the European Union* (Handelshøjskolens Forlag, Copenhagen, Third Edition, 1997)

Ochsner M and Greenberg M, *Factors which Support Effective Workers' Participation in Health and Safety: A Survey of New Jersey Industrial Hygienists and Safety Engineers* (1998) Journal of Public Health Policy 19 (3) 350

Office for National Statistics, *Labour Force Survey 1992-2005* (The Stationery Office, 2005)

Office for National Statistics, *The UK Service Sector* (London, December 2000)

Ondrack D and Evans M, *Job Enrichment and Job Satisfaction in the Quality of Working Life and Non-Quality of Working Life Sites* (1986) Human Relations 39 (9) 871

O'Toole MF, *Successful Safety Committees: Participation not Legislation* (1999) Journal of Safety Research 30 (1) 39

— — *The Relationship Between Employer's Perceptions of Safety and Organisational Culture* (2002) Journal of Safety Research 33 (2) 231

Overbeck E, *Co-determination at Company Level* (W Engels (ed.) Pohl-Hans (ed.) German Yearbook on Business History, Translated by E Martin, New York, Berlin and Tokyo, Springer, 1984) 11

Oxenburgh M, *Increasing Productivity and Profit through Health and Safety* (CCH International, 1991)

Parker D, Lawrie M and Hudson P, *A Framework for Understanding the Development of Organisational Safety Culture* (2006) Safety Science 44 (6) 551

Parsons M, *Worker Participation in Occupational Health and Safety: Lessons from the Canadian Experience* (1988) Labour Studies Journal 13 (4) 22

Pearson C, *Autonomous Work Groups: An Evaluation of an Industrial Site* (1992) Human Relations 45 (9) 905

Peters TJ and Waterman RH, *In Search of Excellence* (Harper and Row, New York, 1982)

Petersen D, *An Experiment in Positive Reinforcement* (Professional Safety, 1984) 30

P Pierson, *Increasing Returns, Path Dependence and the Study of Politics* (2000) American Political Science Review 94 (2) 251

Podgorski D, *Workers' Involvement – A Missing Component in the Implementation of Occupational Safety and Health Management Systems in Enterprises* (2005) International Journal of Occupational Safety and Ergonomics 11 (3) 219

Popma J, *Does Worker Participation Improve Health and Safety? Findings from the Netherlands* (2009) Policy and Practice in Health and Safety 1 (19) 40

Rahimi R, *Merging Strategic Health, Safety and Environment into Total Quality Management* (1995) International Journal of Industrial Ergonomics 16 (2) 83

Reason J, *Managing the Risks of Organisational Accidents* (Ashgate, Aldershot, 1997)

Reber RA, *Improving Safety Performance with Goal Setting and Feedback* (1990) Human Performance 3 (1) 51

— — and Wallin JA. *The Effects of Training, Goal Setting and Knowledge of Results on Safe Behaviour: A Component Analysis* (1984) Academy of Management Journal 27 (3) 544

Reilly B, Paci P, and Holl P, *Unions, Safety Committees and Workplace Injuries* (1995) British Journal of Industrial Relations 33 (2) 273

Reschenthaler GB, *Occupational Health and Safety in Canada: The Economics and Three Case Studies* (Montreal: Institute for Research on Public Policy, 1979) 33

Ridley J, *Safety at Work* (Butterworth-Heinemann, 7th Edition, 2007)

Robens A, *Report of the Committee on Safety and Health at Work* (HMSO, London, 1972)

Rogers J and Streeck W, *Work Councils: Consultations, Representation and Co-operation in Industrial Relations* (University of Chicago Press, Chicago, 1995)

— — *Workplace Representation Overseas: The Works Councils Story* (in R B Freeman (ed.) *Working Under Different Rules*, New York, Russels Sage Foundation, 1994)

Ross JE, *Japanese Quality Circles and Productivity* (Prentice Hall Trade, 1982)

Roughton J and Mercurio J, *Developing an Effective Safety Culture: A Leadership Approach* (Butterworth Heinemann, Woburn, 2002)

Rowthorn R and Ramaswamy R, *Deindustrialisation: Causes and Implications* (International Monetary Fund, Research Department, WP/97/42, 1997)

Rubenowitz S, Norrgren F and Tannenbaum AS, *Some Social Psychological Effects of Direct and Indirect Participation in Ten Swedish Companies* (1983) Organization Studies 4 (3) 243

Rundmo T, *Associations Between Risk Perception and Safety* (1996) Safety Science 24 (3) 197

Schein E, *Organizational Culture and Leadership* (Jossey-Bass Publishers, San Francisco, Second Edition, 1992)

Schnabel C, *Trade Unions and Productivity: The German Evidence* (1991) British Journal of Industrial Relations 29 (1) 15

Shearn P, *Workforce Participation in the Management of Occupational Health and Safety* (Health and Safety Executive, Report No. ERG/04/01, 2004)

— — *Worker Participation in Occupational Health and Safety Management in Non-Unionised* Workplaces (HSE Books, Health and Safety Laboratory, Report Number HSL/2005/42)

Simard M and Marchand A, *A Multi-level Analysis of Organizational Factors Related to the Taking of Safety Initiatives by Work Groups* (1995) Safety Science 26 201

Singh A, *UK Industry and the World Economy: A Case of Deindustrialisation?* (1977) Cambridge Journal of Economics 1 (2) 113

Sisson K, *The Information and Consultation Directive: Unnecessary Regulation or an Opportunity to Promote Partnership* (Warwick Papers in Industrial Relations, 2002)

— — *The Management of Collective Bargaining: An International Comparison* (Blackwell, 1987)

Slovic P, *Perception of Risk* (1987) American Association for the Advancement of Science 236 (4799) 280

Smith V, *Worker Participation: Current Research and Future Trends* (Research in the Sociology of Work, Volume 16, Elsevier, 2006)

Smith D, *OHSAS 18001 Provides MS Approach for Occupational Health and Safety* (ISO Management Systems, 2008)

Soanes C and Stevenson A, *The Concise Oxford English Dictionary* (Oxford University Press, 2004)

Sparks K, Faragher B and Cooper CL, *Well-Being and Occupational Health in the 21st Century Workplace* (2001) Journal of Occupational and Organizational Psychology, British Psychological Society 74 (4) 489

Spector P, *Perceived Control by Employee: A Meta-Analysis of Studies Concerning Autonomy and Participation at Work* (1986) Human Relations 39 (11) 1005

Stellman J, *Encyclopaedia of Occupational Health and Safety* (International Labour Organization, Volume 1, 4th Edition, 1998)

Stiglitz J, *Globalization and its Discontents* (Penguin Books, London, 2002)

Stranks J, *Health and Safety Law* (Pearson Education Limited, 5th Edition, 2005)

— — *Human Factors and Behavioural Safety* (Butterworth Heinemann, 2007)

Swinton K, *Enforcement of Occupational Health and Safety Legislation: The Role of the Internal Responsibility System* (Studies in Labour Law, Butterworths, Toronto, 1983)

Tang T, *The Meaning of Money Revisited* (1992) Journal of Organisational Behaviour 13 (2) 197

Taylor FW, *Scientific Management* (Harper Bros, New York, 1911)

Telljohann V, *The European Works Councils: A Role Beyond the EC Directive?* (2005) European Review of Labour and Research 11 (1) 81

Terry M, *Systems of Collective Employee Representation in Non-Union Firms in the UK* (1999) Industrial Relations Journal 30 (1) 16

The Hazards Forum, *Safety-Related Systems: Guidance for Engineers* (Issue 2, 2002)

Thompson J, *Strategic Management: Awareness, Analysis and Change* (Thompson Learning, 5th Edition, 2005)

Towers B, *Running the Gauntlet: British Trade Unions under Thatcher 1979-1988* (1989) Industrial and Labour Relations Review 42 (2) 163

Trades Union Congress, *Safety & Migrant Workers: A Practical Guide for Safety Representatives* (TUC Publications, London, 2007)

Trist EL, Susman GI and Brown GR, *An Experiment in Autonomous Working in an American Underground Coal Mine* (1977) Human Relations 30 (3) 201

Tsai WH and Chou WH, *Selecting Management Systems for Sustainable Development in SMEs: A Novel Hybrid Model Based on DEMATEL, ANP and ZOGP* (2009) Expert Systems with Applications 36 (2) 1444

Tucker E, *Participation in Health and Safety Regulation: Lessons from Sweden* (1992) Studies in Political Economy 37 (2) 95

Unison, *Women's Health and Safety: A Guide for Unison Safety Representatives* (TUC Publications Department, 2001)

US Dept of Labor, *Job Hazard Analysis* (OSHA 3071, 2002)

Vredenburgh A, *Organisational Safety: Which Management Practices are Most Effective in Reducing Employee Injury Rates* (2002) Journal of Safety Research 33 (2) 259

Waddington J, *The Performance of EWCs 12 Years After the Directive* (2006) European Works Councils Bulletin 65 7

Wallerstein N and Weinger M, *Health and Safety Education for Worker Empowerment* (1992) American Journal of Industrial Medicine 22 (5) 619

Walters DR, *Making Things Work: Strategies for Effective Worker Representation on Health and Safety in Europe* (2002) Policy and Practice in Health and Safety 2 (1) 63

— — *One Step Forward, Two Steps Back: Worker Representation and Health and Safety in the United Kingdom* (2006) International Journal of Health Services 36 (1) 90

— — and Gourlay S, *Statutory Employee Involvement in Health and Safety at the Workplace: A Report on the Implementation and Effectiveness of the Safety Representatives and Safety Committees Regulations 1977* (HSE Books, Contract Research Report 20, 1990)

— — *Trade Unions and the Effectiveness of Worker Representation in Health and Safety in Britain* (1996) International Journal of Health Services 26 (4) 625

Walters V and Haines T, *Workers' Use and Knowledge of the 'Internal Responsibility System': Limits to Participation in Occupational Health and Safety* (1988) Canadian Public Policy 14 (4) 411

Walton RE, *Work Innovations at Topeka: After Six Years* (1977) The Journal of Applied Behavioural Sciences 13 (3) 422

Warner M, *Management Versus Self management in Yugoslavia* (Cambridge University Press, 1990)

Warren-Langford P and Biggins D, *Union Participation in Occupational Health and Safety in Western Australia* (1993) Journal of Industrial Relations 35 (4) 585

Watson R and Brancheau J, *Key Issues in Information Systems Management: An International Perspective* (1991) Information and Management 20 (3) 213

Weiler A, *European Works Councils in Practice* (European Foundation for the Improvement of Living and Working Conditions, 2004)

Whittingham RB, *The Blame Machine: Why Human Error Causes Accidents* (Butterworth Heinemann, 2003)

Wilkinson A, Dundon T and Grugulis I, *Information but not Consultation: Exploring Employee Involvement in SMEs* (2007) The International Journal of Human Resource Management 18 (7) 1279

Wilkinson G and Bale BG, *Integrated Management Systems: An Examination of the Concept and Theory* (1995) TQM Magazine 11 (2) 95

Williams K, *Industrial Relations and the German Model* (Aldershot, Avebury, 1988)

Winch G, *The Growth of Self-Employment in British Construction* (1998) Construction Management and Economics 16 (5) 531

Woolf A, *Robens Report – The Wrong Approach?* (1973) Industrial Law Journal 2 (1) 88

Yeatts DE and Hyten C, *High Performing Self managed Work Teams: A Comparison of Theory to Practice* (Sage Publications, 1998)

Young SM, *A Framework for Successful Adoption and Performance of Japanese Manufacturing Practices into the United States* (1992) Academy of Management Review 17 (4) 677

Young L, *Common Sense Common Safety* (HM Government, Cabinet Office, 2010)

Zeng S, Xie X, Tam C and Shen L, *An Empirical Examination of Benefits from Implementing Integrated Management Systems* (2011) Total Quality Management and Business Excellence 22 (2) 123

## TABLE OF STATUTES

***United Kingdom***

Combination Act 1799

Combination Act 1800

Health and Morals of Apprentices Act 1802

Combination Act 1825

Factories Act 1833

Trade Union Act 1871

Coal Mine's Regulation Act 1872

Conspiracy and Protection of Property Act 1875

Mines and Quarries Act 1954

Employed Persons (Health and Safety) Bill of 1970

Health and Safety at Work etc. Act 1974

Safety Representatives and Safety Committees Regulations 1977

Health and Safety (First Aid) Regulations 1981

Control of Substances Hazardous to Health Regulations 1988

Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989

Health and Safety (Display Screen Equipment) Regulations 1992

Health, Safety and Welfare Regulations 1992

Trade Unions and Labour Relations (Consolidation) Act 1992

Employment Protection Act 1995

Health and Safety (Consultations with Employees) Regulations 1996

Employment Rights Act 1996

Lifting Operations and Lifting Equipment Regulations 1998

Working Time Regulations 1998

Control of Major Accident Hazard Regulations 1999

Management of Health and Safety at Work Regulations 1999

Quarries Regulations 1999

Transnational Information and Consultation of Employees Regulations 1999

Freedom of Information Act 2000

Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000

Control of Substances Hazardous to Health Regulations 2002

Gangmasters (Licensing) Act 2004

Information and Consultation of Employee Regulations 2004

Construction (Design and Management) Regulations 2007

***European Union***

Works Constitution Act 1972 (DE)

Co-determination at Work Act 1976 (SE)

Work Environment Act 1977 (SE)

Works Council Act 1979 (NL)

Council Directive 75/129/EEC on the Approximation of Laws of the Member States Relating to Collective Redundancies [1975] OJ L48

Council Directive 89/391/EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work [1989] OJ L183

Industrial Safety Law 1996 (DE)

Working Environment Act 1999 (DK)

***International***

International Labour Organization, C87 Freedom of Association and Protection of the Right to Organise Convention, 1948

International Labour Organization, C98 Right to Organise and Collective Bargaining Convention, 1949

International Labour Organization, R94 Co-operation at the Level of Undertaking Recommendation, 1952

International Labour Organization, R129 Communications with the Undertaking Recommendation, 1967

International Labour Organization, R130 Examination of Grievances Recommendation, 1967

International Labour Organization, C135 Workers' Representatives Convention, 1971

International Labour Organization, R143 Workers' Representatives Recommendation, 1971

International Labour Organization, C155 Occupational Safety and Health Convention, 1981

International Labour Organization, R164 Occupational Safety and Health Recommendation, 1981

International Labour Organization, C158 Termination of Employment Convention, 1982

International Labour Organization, R166 Termination of Employment Recommendation, 1982

Workplace Health and Safety Act 1987 (CA)

Occupational Health and Safety Act 1990 (CA)

Health and Safety in Employment Act 1992 (NZ)

Occupational Health and Safety Act 1993 (CA)

**TABLE OF CASES**

*Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-382/92 [1994] IRLR 392; and *Commission of the European Communities v United Kingdom of Great Britain and Northern Ireland*, C-383/92 [1994] IRLR 412

*GMB v Susie Radin Ltd* [2004] EWCA Civ 180

*National Union of Tailors and Garmant Workers v Charles Ingram and Co. Ltd.* (1978) 1 All ER 1271

*Cleveland County Council v Springett* (1985) IRLR 131

*Dowsett v Ford Motor Company* (1991) IDS Brief 200

*Smiths Industries Aerospace and Defence Systems v Rawlings* (1996) IRLR 656

*White v Pressed Steel Fisher* (1980) IRLR 176

*Duthie v Bath and North East Somerset Council* (2003) The Times, 16th May 2003

*Gallagher v Drum Engineering Co. Ltd.*, HSIB 182

*Scarth v East Hertfordshire District Council* (1991) HSIB 181

*Rama v South West Trains* (1997) CO/310/96

*Davies v Neath Port Talbot County Borough Council* (1999) IRLR 769

*Masiak v City Restaurants (UK) Limited* [1999] IRLR 780

*Harvest Press Ltd v McCaffrey* [1999] IRLR 778

*Gesamtbetriebsrat der Kuhne & Nagel AG & Co KG v Kuhne & Nagel AG & Co KG* [2004] IRLR 332 ECJ

*Stewart v Moray Council* [2006] IRLR 592

*Waugh v British Railway Board* (1980) A.C.521, (1979) 2 All ER 1169, CA

## INTERNET SOURCES


Advisory, Conciliation and Arbitration Service (ACAS), <http://www.acas.org.uk/> accessed 20 September 2010

Advisory Conciliation and Arbitration Service (ACAS), 'Changing Patterns of Work' (January 2005) <http://www.acas.org.uk/media/pdf/q/4/B09_1.pdf> accessed 10 October 2010

Amdocs, <http://www.amdocs.com> accessed 30 December 2010

Australian Council of Trade Unions, 'A Report on the 2001 Survey of Health and Safety Representatives' <http://www.actu.org.au/public/papers/2001survey/index-Summary.html> accessed 26 August 2010

BBC News, 'Cameron Says Health and Safety Rules Over the Top' (1 December 2009) <http://news.bbc.co.uk/2/hi/uk_news/politics/8388025.stm> accessed 15 September 2010

BBC News, '1974: Labour Scrapes Working Majority' On This Day 1950—2005 <http://news.bbc.co.uk/onthisday/hi/dates/stories/october/11/newsid_2542000/2542567.stm> accessed 20 September 2010

BBC News, 'Policy-by-Policy: The Coalition Government's Plans' (21 May 2010) <http://news.bbc.co.uk/2/hi/uk_news/politics/8693832.stm> accessed 12 April, 2011

BBC News, 'UK in Recession' (24 September 2010) <http://news.bbc.co.uk/2/hi/in_depth/business/2008/downturn/default.stm> accessed 28 September 2010

British Standards Institution, <http://www.bsigroup.com> accessed 28 September 2010

B-Safe Management Systems Incorporated, <http://www.behavioural-safety.com> accessed 22 August 2010

Canadian Centre for Occupational Health and Safety, 'Health and Safety Committees' <http://www.ccohs.ca/oshanswers/hsprograms/hscommittees/> accessed 17 November 2010

Chartered Institute of Personnel and Development, 'Vision and Values: Organisational Culture and Values as a Source of Competitive Advantage' <http://www.cipd.co.uk/research/_visionandvalues.htm> accessed 4 November 2010

Department for Business, Innovation and Skills (BIS), 'Better Regulation' <http://www.bis.gov.uk/policies/better-regulation> accessed 15 September 2010

Department for Works and Pensions, 'Health and Safety Reform' <http://www.dwp.gov.uk/policy/health-and-safety/> accessed 13 November 2011

Department of Labour, 'Workplace Health and Safety Strategy' <http://www.whss.govt.nz/> accessed 26 August 2010

Det Norske Veritas see Det Norske Veritas, <http://www.dnv.co.uk/> accessed 27 March 2011

European Foundation for the Improvement of Living and Working Conditions, 'Netherlands: Works Council' <http://www.eurofound.europa.eu/emire/NETHERLANDS/WORKSCOUNCIL-NL.htm> accessed 21 November 2010

Government of Saskatchewan, 'The Occupational Health and Safety Act 1993' <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/O1-1.pdf> accessed 21 March 2011

Greenspace, 'Legal Register' <http://www.legalregister.co.uk/legal_register> accessed 27 March 2011

Guardian, 'British Airways Trying to Break Unite Union in Cabin Crew Dispute' (25 March 2010) <http://www.guardian.co.uk/business/2010/mar/25/british-airways-accused-break-unite-union> accessed 20 September 2010

Health and Safety Executive, <http://www.hse.gov.uk/> accessed 10 August 2010

Health and Safety Executive, 'A Collective Declaration on Worker Involvement' (2004) <http://www.hse.gov.uk/involvement/hscdeclaration.pdf> accessed 11 August 2010

Health and Safety Executive, A Toolbox Talk on Leaning Ladder and Stepladder Safety' INDG 403 (October 2005) <http://www.hse.gov.uk/pubns/indg403.pdf> accessed 15 January 2011

Health and Safety Executive, 'Case Study: Devonport Docks' <http://www.hse.gov.uk/involvement/casestudies/devonport.htm> accessed 18 June 2010

Health and Safety Executive, 'Case Study: Springfield Fuels' <http://www.hse.gov.uk/involvement/casestudies/springfield.htm> accessed 17 June 2010

Health and Safety Executive, 'Clugston Construction' (November 2005) <http://www.hse.gov.uk/construction/engagement/clugston.pdf> accessed 29 August 2010

Health and Safety Executive, <http://www.hse.gov.uk/aboutus/commonsense/> accessed 26 June 2010

Health and Safety Executive, 'Consulting Indirectly with Employees' <http://www.hse.gov.uk/involvement/indirectly.htm> accessed 31 October 2010

Health and Safety Executive, 'Food and Drink Manufacture Health and Safety Forum' <http://www.hse.gov.uk/food/forum.htm> accessed 5 December 2010

Health and Safety Executive, 'Health and Safety Commission Annual Report and the Health and Safety Commission/Executive Accounts 2003/04' <http://www.hse.gov.uk/aboutus/reports/0304> accessed 28 March 2010

Health and Safety Executive, 'Health and Safety Commission Minutes' (7 November 2006) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2006/051206/cm10.pdf> accessed Monday 26 July 2010

Health and Safety Executive, 'Health and Safety Committees' <http://www.hse.gov.uk/involvement/hscommittees.htm> accessed 29 December 2010

Health and Safety Executive, 'Health and Safety Statistics 2009/10' <http://www.hse.gov.uk/statistics/> accessed 13 April 2011

Health and Safety Executive, 'How Your Health and Safety Committee Will Work' <http://www.hse.gov.uk/involvement/agreeprinciples.htm> accessed 29 December 2010

Health and Safety Executive, 'HSC/HSE Merger Enforcement Statement' (6 February 2009) < http://www.hse.gov.uk/aboutus/furtherinfo/merger.htm> accessed 1 August 2010

Health and Safety Executive, 'HSE Horizon Scanning Intelligence Group Short Report: Flexible Working and Employment Patterns' Horizon Scanning SR003 (September 2006) <http://www.hse.gov.uk/horizons/downloads/precwrkreport.pdf> accessed 10 October 2010

Health and Safety Executive, 'HSE Public Register of Convictions' <http://www.hse.gov.uk/prosecutions > accessed 16 September 2010

Health and Safety Executive, 'Impact Assessments' <http://www.hse.gov.uk/ria/> accessed 11 August 2010

Health and Safety Executive, 'Languages' <http://www.hse.gov.uk/languages/index.htm> accessed 30 August 2010

Health and Safety Executive, 'Major Hazards Industry Performance Indicators Scoping Study' (2006) <http://www.hse.gov.uk/research/hsl_pdf/2007/hsl0731.pdf> accessed 15 August 2010

Health and Safety Executive, 'Migrant Workers' <http://www.hse.gov.uk/migrantworkers/about.htm> accessed 30 August 2010

Health and Safety Executive, 'Organisational Culture: Why is Organisational Culture Important?' <http://www.hse.gov.uk/humanfactors/topics/culture.htm> accessed 7 November 2010

Health and Safety Executive, 'Research' <http://www.hse.gov.uk/involvement/research.htm > accessed 20 July 2010

Health and Safety Executive, 'Risk Management' <http://www.hse.gov.uk/risk/> accessed 15 January 2011

Health and Safety Laboratory, 'Safety Climate Tool' <http://www.hsl.gov.uk/health-and-safety-products/safety-climate-tool.aspx> accessed 31 August 2010

Health and Safety Executive, 'SELEX Sensors and Airborne Systems UK Case Study' (December 2005) <http://www.hse.gov.uk/involvement/selex.pdf> accessed 17 June 2010

Health and Safety Executive, 'Slips and Trips' <http://www.hse.gov.uk/slips/index.htm> accessed 3 October 2010

Health and Safety Executive, 'The Basics' <http://www.hse.gov.uk/involvement/basics.htm> accessed 19 June 2010

Health and Safety Executive, 'Worker Engagement Initiative' <http://www.hse.gov.uk/construction/engagement/index.htm> accessed 20 July 2010

Health and Safety Executive, 'Workers' Health and Safety' <http://www.hse.gov.uk/workers/index.htm> accessed 11 August 2010

Health and Safety Executive, 'Worker Involvement' <http://www.hse.gov.uk/involvement/> accessed 15 August 2010

Health and Safety Executive, 'Worker Involvement: Results of the Consultation Exercise and a Proposed Approach to Current and Future Work' Worker Involvement Programme (26 Feb 2007) <http://www.hse.gov.uk/aboutus/meetings/hscarchive/2007/150307/c12.pdf > accessed 12 August 2010

Her Majesty's Stationery Office, <http://www.opsi.gov.uk/> accessed 10 August 2010

HM Government, <http://www.direct.gov.uk> accessed 21 June 2010

Institute for Employment Studies, 'Women in the Labour Market: Two Decades of Change and Continuity' (October 1995) <http://www.employment-studies.co.uk/pubs/summary.php?id=294> accessed 30 August 2010

Institution of Occupational Safety and Health, <http://www.iosh.co.uk/> accessed 10 August 2010

Institution of Occupational Safety and Health, 'Worker Involvement' IOSH Policies <http://www.iosh.co.uk/information_and_resources/developing_policy/worker_involvement> accessed 15 April 2010

International Labour Organization, <http://www.ilo.org> accessed 28 August 2010

International Labour Organization, 'ILOLEX Database of International Labour Standards' <http://www.ilo.org/ilolex/english/convdisp1.htm> accessed 5 December 2010

International Labour Organization, 'Labour Standards' <http://www.ilo.org/global/standards/lang--en/index.htm> accessed 5 December 2010

Involvement and Participation Association (IPA), <www.ipa-involve.com> accessed 27 March 2011

Involvement and Participation Association (IPA), 'Employee Engagement' <www.ipa-involve.com/employee-engagement> accessed 27 March 2011

Lloyd's Register Quality Assurance, see <http://www.lrqa.co.uk/> accessed 27 March 2011

Manitoba Government, 'The Workplace Safety and Health Act' <http://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php> accessed 21 March 2011

Ministry of Justice, 'Freedom of Information Policy' <http://www.justice.gov.uk/about/freedom-of-information.htm> accessed 30 August 2010

New Zealand Government, 'Safe, Healthy Workplaces Help Productivity' (21 November 2007) <http://www.beehive.govt.nz/node/31367> accessed 26 August 2010

Office for National Statistics, 'Businesses: Number of UK Businesses Down' (13 June 2011) <http://www.statistics.gov.uk/cci/nugget.asp?id=1238> accessed 28 August 2010

Office for National Statistics, 'Teleworking in the UK: The Trends and Characteristics of Teleworking in the UK and Comparisons with Other Western Countries' (13 June 2011) <http://www.statistics.gov.uk/cci/article.asp?id=232> accessed 30 August 2010

Office for National Statistics, 'Union Membership: Union Density Down Slightly in 2006' (13 June 2011) <http://www.statistics.gov.uk/cci/nugget.asp?id=4> accessed 28 August 2010

Oracle, <http://www.oracle.com> accessed 30 December 2010

Organisation for Economic Co-operation and Development, <http://www.oecd.org/> accessed 29 August 2010

Prime Minister's Office. 'Queen's Speech – Flexible Working and Equal Pay' (25 May 2010) <http://www.number10.gov.uk/queens-speech/2010/05/queens-speech-flexible-working-and-equal-pay-50606> accessed 29 August 2010

Ryder Marsh, <http://www.rydermarsh.co.uk> accessed 22 August 2010

Safeguard, 'Employee Participation' (April 2006) <http://www.safeguard.co.nz/resources/guides/Guide96.pdf> accessed 26 August 2010

SAFE Work, <http://safemanitoba.com/default.aspx> accessed 21 March 2011

SAFE Work, 'Manitoba Regulation 217/2006: Workplace Safety and Health Regulation' <http://safemanitoba.com/uploads/regulations/reg2006consolidated.pdf> accessed 21 March 2011

SAFE Work, 'Your Committee: Creating a SAFE Workplace' <http://safemanitoba.com/minutes.aspx> accessed 21 March 2011

Telegraph, 'UK Employment Trends Since 2007' (13 June 2011) <http://www.telegraph.co.uk/finance/jobs/> accessed 29 August 2010

UK Parliament, <http://services.parliament.uk/bills/2010-11/healthandsafetyatworkamendment.html> accessed 26 June 2010

Westlaw, <http://www.westlaw.co.uk/> accessed 10 August 2010

Worker-Participation.EU, <http://www.worker-participation.eu/> accessed 15 November 2010

Worker-Participation.EU, 'Compare Countries' <http://www.worker-participation.eu/National-Industrial-Relations/Compare-Countries> accessed 15 November 2010

Worker-Participation.EU, 'Health and Safety' <http://www.worker-participation.eu/National-Industrial-Relations/Countries/Denmark/Health-and-Safety> accessed 5 December 2010